



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024092819
Receipt Date:	10/28/2024
Date Paid:	10/28/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	VISONI SALON/LACIE BROST`, Address:4825 NE JAMESTOWN DR., Phone:(816) 935-1973

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81240748	\$50.00