



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                          |  |
|--------------------------|--|
| Receipt Number:          | 2025098851   |
| Receipt Date:            | 06/25/2025   |
| Date Paid:               | 06/25/2025   |
| Payment Method:          | Cash,  |
| Check Number:            | ,  |
| Transaction Information: |  |
| Full Amount:             | \$50.00  |
| Amount Tendered          | \$50.00  |
| Paid By:                 | FOXY NAILS & SPA, Address:3680 NE AKIN DR, Unit 116,<br>Phone:(816) 554-4955 |

**Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC81141874                     | \$50.00     |
|                          |                                |             |