

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

## **RECEIPT OF PAYMENT**

Receipt Number:	2015010904
Receipt Date:	05/11/2015
Date Paid:	05/11/2015
Payment Method:	Check,
Check Number:	8465,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT GASTROENTEROLOGY, Address:110 NE SAINT LUKES BLVD, Unit 530, Phone:(816) 554-3838

## Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300143964	\$50.00