



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2015012527
Receipt Date:	06/09/2015
Date Paid:	06/09/2015
Payment Method:	Check,
Check Number:	5723,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD CHIROPRACTIC, Address:731 LAKEWOOD BLVD NE, Phone:(816) 373-3373

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC1200140519	\$50.00