

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2015012671
Receipt Date:	06/10/2015
Date Paid:	06/10/2015
Payment Method:	Check,
Check Number:	650146454,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	PROGRESSIVE CASUALTY INSURANCE, Address:P O BOX 89429, Phone:(440) 603-7041 Ext:CORP

## Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC800143443	\$50.00