



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

| | |
|-----------------|--|
| Receipt Number: | 2015012815 |
| Receipt Date: | 06/12/2015 |
| Date Paid: | 06/12/2015 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | AGAPE IN HOME & HEALTH CARE, Address:2801 SW CARLTON DR , Phone:(816) 548-3311 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|-----------------------|--------------------------------|-------------|
| 0020-Business License | LC300140968 | \$50.00 |
| | | |