

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

RECEIPT OF PAYMENT

Receipt Number:	2015012847
Receipt Date:	06/15/2015
Date Paid:	06/15/2015
Payment Method:	Check,
Check Number:	1190,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC, Address:618 3RD ST SW, Unit H, Phone:(816) 694-7623

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300140403	\$50.00