

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

RECEIPT OF PAYMENT

Receipt Number:	2015012850	
Receipt Date:	06/15/2015	
Date Paid:	06/15/2015	
Payment Method:	Check,	
Check Number:	9764,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	THE CHIROPRACTIC & NATRUAL MEDICINE CENTER, Address:1324 NE WINDSOR DR, Phone:(816) 525-8118	

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300141341	\$50.00