

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

RECEIPT OF PAYMENT

Receipt Number:	2015013019
Receipt Date:	06/17/2015
Date Paid:	06/17/2015
Payment Method:	Check,
Check Number:	1114,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD ORTHODONTICS, Address:721 NE LAKEWOOD BLVD , Phone:(816) 373-0300

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300140391	\$50.00