

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

RECEIPT OF PAYMENT

Receipt Number:	2015013560
Receipt Date:	06/29/2015
Date Paid:	06/29/2015
Payment Method:	Check,
Check Number:	9969301,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MINUTE CLINIC DIAGNOSTIC OF KS P.A., Address:1 CVS DR MC3015, Phone:(866) 389-2727

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300143621	\$50.00