



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

| | |
|-----------------|--|
| Receipt Number: | 2015013856 |
| Receipt Date: | 07/06/2015 |
| Date Paid: | 07/06/2015 |
| Payment Method: | Check, |
| Check Number: | 1675, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | DENTAL EXPRESSIONS, Address:521 SE 2ND ST, Unit B, Phone:(816) 525-7155 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|-----------------------|-----------------------------------|-------------|
| 0020-Business License | LC300142126 | \$50.00 |
| | | |