

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

RECEIPT OF PAYMENT

Receipt Number:	2015015892
Receipt Date:	10/27/2015
Date Paid:	10/27/2015
Payment Method:	Check,
Check Number:	1844,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC/LORETTO J RAY LMT, Address:420 NE LAKEVIEW DR

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC1100142463	\$50.00