



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2015016040
Receipt Date:	11/10/2015
Date Paid:	11/10/2015
Payment Method:	Check,
Check Number:	200078077,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MIDWEST PAIN MANAGEMENT CENTER, Address:200 NE MISSOURI RD, Unit 100, Phone:(816) 282-5370

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300151003	\$50.00