

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

RECEIPT OF PAYMENT

Receipt Number:	2015016496
Receipt Date:	12/31/2015
Date Paid:	12/31/2015
Payment Method:	Check,
Check Number:	10155,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT EYE CENTER LLC, Address:1741 NE DOUGLAS ST, Unit 100, Phone:(816) 246-2111

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC800151093	\$50.00