

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

## **RECEIPT OF PAYMENT**

| Receipt Number: | 2016017311  |
|-----------------|---|
| Receipt Date:   | 03/22/2016  |
| Date Paid:      | 03/22/2016  |
| Payment Method: | Credit Card,  |
| Check Number:   | ,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | KANSAS CITY THERAPY, LLC, Address:684 SE BAYBERRY LN, Unit<br>103, Phone:(816) 599-3918 |

## Fees:

| Fee Description       | Reference / Application<br>Number | Amount Paid |
|-----------------------|-----------------------------------|-------------|
| 0020-Business License | LC800160197                       | \$50.00     |
|                       |                                   |             |