

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 103, Phone:(816) 599-3918

Fees:

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