

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

RECEIPT OF PAYMENT

Receipt Number:	2016018237
Receipt Date:	05/06/2016
Date Paid:	05/06/2016
Payment Method:	Check,
Check Number:	7028,
Full Amount:	\$112.50
Amount Tendered	\$112.50
Paid By:	LAKEWOOD CHIROPRACTIC PC, Address:731 NE LAKEWOOD BLVD, Phone:(816) 373-3373

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300142523	\$50.00
0020-Business License	LC300142523	\$50.00
0901-Business License Penalty Fee	LC300142523	\$12.50