



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2016018421 |
| Receipt Date: | 05/10/2016 |
| Date Paid: | 05/10/2016 |
| Payment Method: | Check, |
| Check Number: | 108691, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | ENCOMPASS MEDICAL GROUP, Address:615 SW 3RD ST, Phone:(816) 524-3799 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|-----------------------|--------------------------------|-------------|
| 0020-Business License | LC300141662 | \$50.00 |
| | | |