

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

RECEIPT OF PAYMENT

Receipt Number:	2016018665
Receipt Date:	05/13/2016
Date Paid:	05/13/2016
Payment Method:	Check,
Check Number:	2768,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE/BRUCE HOLIMAN, Address:340 SW LONGVIEW BLVD, Phone:(816) 358-7800

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC800143810	\$50.00