

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

RECEIPT OF PAYMENT

Receipt Number:	2016018779	
Receipt Date:	05/17/2016	
Date Paid:	05/17/2016	
Payment Method:	Check,	
Check Number:	3636,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	LEE'S SUMMIT FAMILY EYECARE, Address:519 SW 3RD ST, Unit A, Phone:(816) 554-7747	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142724	\$50.00