



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2016019135
Receipt Date:	05/23/2016
Date Paid:	05/23/2016
Payment Method:	Check,
Check Number:	600240,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	RAINTREE FAMILY DENTAL CARE, Address:1200 NETWORK CENTRE DR, Phone:(816) 623-3563

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143541	\$50.00