

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2016020968
Receipt Date:	07/01/2016
Date Paid:	07/01/2016
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY CHIROPRACTIC/KRISTEN HOCKER LMT, Address:8235 CHERRY ST, Phone:(816) 489-2747

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100140525	\$50.00