



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2016021483 |
| Receipt Date: | 07/26/2016 |
| Date Paid: | 07/26/2016 |
| Payment Method: | Check, |
| Check Number: | 1363, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | LEES SUMMIT FAMILY CHIROPRACTIC, Address:618 3RD ST SW, Unit H, Phone:(816) 694-7623 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300140403 | \$50.00 |
| | | |