



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

| | |
|-----------------|--|
| Receipt Number: | 2016021571 |
| Receipt Date: | 07/29/2016 |
| Date Paid: | 07/29/2016 |
| Payment Method: | Check, |
| Check Number: | 4470, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | LAKEWOOD CHIROPRACTIC/KATHY JO GUTIERREZ, Address:19809 E 17TH TERR N, Phone:(816) 373-3373 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC1100160530 | \$50.00 |
| | | |