

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2016022139
Receipt Date:	08/24/2016
Date Paid:	08/24/2016
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY INTERNAL MEDICINE, Address:1310 E 104TH ST, SUITE 200, Phone:(816) 943-0706

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142423	\$50.00