

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

RECEIPT OF PAYMENT

Receipt Number:	2016023124
Receipt Date:	10/28/2016
Date Paid:	10/28/2016
Payment Method:	Check,
Check Number:	1149,
Full Amount:	\$55.00
Amount Tendered	\$55.00
Paid By:	LAKEWOOD ORTHODONTICS, Address:721 NE LAKEWOOD BLVD , Phone:(816) 373-0300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140391	\$50.00
9110052-Business License Penalty Fee	LC300140391	\$5.00