

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2016023280
Receipt Date:	11/09/2016
Date Paid:	11/09/2016
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC/BEVERLY REICHERT, Address:1509 SADDLEBROOK RD, Phone:(816) 535-7720

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100151037	\$50.00