



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2017025701
Receipt Date:	05/05/2017
Date Paid:	05/05/2017
Payment Method:	Check,
Check Number:	1856,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DENTAL EXPRESSIONS, Address:521 SE 2ND ST, Unit B, Phone:(816) 525-7155

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142126	\$50.00