

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

RECEIPT OF PAYMENT

Receipt Number:	2017026096
Receipt Date:	05/12/2017
Date Paid:	05/12/2017
Payment Method:	Check,
Check Number:	6380,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AMERICAN FAMILY INSURANCE/BRIAN WARD, Address:500 SW 3RD ST, Unit A, Phone:(816) 524-2300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800141163	\$50.00