

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

## **RECEIPT OF PAYMENT**

| Receipt Number: | 2017026275  |
|-----------------|---|
| Receipt Date:   | 05/17/2017  |
| Date Paid:      | 05/17/2017  |
| Payment Method: | Check,  |
| Check Number:   | 4135,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | LEE'S SUMMIT FAMILY EYECARE, Address:519 SW 3RD ST, Unit<br>A, Phone:(816) 554-7747 |

## Fees:

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300142724                       | \$50.00     |
|                          |                                   |             |