

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2017026439
Receipt Date:	05/18/2017
Date Paid:	05/18/2017
Payment Method:	Check,
Check Number:	1292,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD CHIROPRACTIC PC, Address:731 NE LAKEWOOD BLVD, Phone:(816) 373-3373

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142523	\$50.00