

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2017026625
Receipt Date:	05/22/2017
Date Paid:	05/22/2017
Payment Method:	Check,
Check Number:	545709,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TAKE CARE HEALTH MISSOURI, P.C., Address:PO BOX 901, Phone:(816) 524-2590

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300144002	\$50.00