

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

RECEIPT OF PAYMENT

Receipt Number:	2017026903
Receipt Date:	05/26/2017
Date Paid:	05/26/2017
Payment Method:	Check,
Check Number:	1173,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD ORTHODONTICS, Address:721 NE LAKEWOOD BLVD , Phone:(816) 373-0300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140391	\$50.00