

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

RECEIPT OF PAYMENT

Receipt Number:	2017027260
Receipt Date:	06/06/2017
Date Paid:	06/06/2017
Payment Method:	Check,
Check Number:	650149493,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	PROGRESSIVE CASUALTY INSURANCE, Address:P O BOX 89429, Phone:(440) 683-8885 Ext:CORP

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143443	\$50.00