

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

RECEIPT OF PAYMENT

Receipt Number:	2017027713
Receipt Date:	06/16/2017
Date Paid:	06/16/2017
Payment Method:	Check,
Check Number:	119290,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ENCOMPASS MEDICAL GROUP, Address:615 SW 3RD ST, Phone:(816) 524-3799

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141662	\$50.00