

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

RECEIPT OF PAYMENT

Receipt Number:	2017028479
Receipt Date:	07/06/2017
Date Paid:	07/06/2017
Payment Method:	Check,
Check Number:	2910,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE/BRUCE HOLIMAN, Address:319 SE DOUGLAS ST, Unit 317, Phone:(816) 524-5150

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143810	\$50.00