

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

RECEIPT OF PAYMENT

Receipt Number:	2017029189
Receipt Date:	08/01/2017
Date Paid:	08/01/2017
Payment Method:	Check,
Check Number:	1423,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC, Address:618 3RD ST SW, Unit H, Phone:(816) 694-7623

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140403	\$50.00