

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2017030791
Receipt Date:	10/27/2017
Date Paid:	10/27/2017
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC/LORETTO J RAY LMT, Address:420 NE LAKEVIEW DR, Phone:(816) 694-7623

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License*	LC1100142463	\$50.00