

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

RECEIPT OF PAYMENT

Receipt Number:	2018031774
Receipt Date:	01/18/2018
Date Paid:	01/18/2018
Payment Method:	Check,
Check Number:	2014,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KIDZ FIRST THERAPY, Address:1429 NE WHISTONE DR, Phone:(816) 446-9018

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180036	\$50.00