



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2018033049
Receipt Date:	04/18/2018
Date Paid:	04/18/2018
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY INTERNAL MEDICINE, Address:12140 NALL AVE STE 100, Phone:(816) 943-0706

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180247	\$50.00