



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2018033519
Receipt Date:	05/04/2018
Date Paid:	05/04/2018
Payment Method:	Check,
Check Number:	0904115,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT FAIR DENTAL CARE, Address:1200 NETWORK CENTRE DR, Phone:(217) 540-5100

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143961	\$50.00