

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

RECEIPT OF PAYMENT

Receipt Number:	2018033779
Receipt Date:	05/09/2018
Date Paid:	05/09/2018
Payment Method:	Check,
Check Number:	1268606,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT ANIMAL HOSPITAL NORTH, Address:810 NW COMMERCE DR, Phone:(816) 554-1870

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800142613	\$50.00