

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

RECEIPT OF PAYMENT

Receipt Number:	2018033924
Receipt Date:	05/11/2018
Date Paid:	05/11/2018
Payment Method:	Check,
Check Number:	1627,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD CHIROPRACTIC PC, Address:731 NE LAKEWOOD BLVD, Phone:(816) 373-3373

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142523	\$50.00