

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2018034275
Receipt Date:	05/17/2018
Date Paid:	05/17/2018
Payment Method:	Check,
Check Number:	9604,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY DENTISTRY, Address:511 SW JEFFERSON ST, Phone:(816) 554-7720

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142719	\$50.00