

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

RECEIPT OF PAYMENT

Receipt Number:	2018034421
Receipt Date:	05/21/2018
Date Paid:	05/21/2018
Payment Method:	Check,
Check Number:	10970790,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MINUTE CLINIC DIAGNOSTIC OF KS P.A., Address:1 CVS DR MC1160, Phone:(866) 389-2727

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143621	\$50.00