

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

RECEIPT OF PAYMENT

Receipt Number:	2018035807
Receipt Date:	06/26/2018
Date Paid:	06/26/2018
Payment Method:	Check,
Check Number:	4645,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY EYECARE, Address:519 SW 3RD ST, Unit A, Phone:(816) 554-7747

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142724	\$50.00