

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

RECEIPT OF PAYMENT

Receipt Number:	2018036723
Receipt Date:	07/24/2018
Date Paid:	07/24/2018
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD CHIROPRACTIC/KATHY JO GUTIERREZ, Address:19809 E 17TH TERR N, Phone:(816) 373-3373

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100160530	\$50.00