



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2018038202
Receipt Date:	09/28/2018
Date Paid:	09/28/2018
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY PULMONOLOGY PRACTICE, Address:2330 E MEYER #303, Phone:(816) 333-1919

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180608	\$50.00