

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

RECEIPT OF PAYMENT

Receipt Number:	2018038304	
Receipt Date:	10/05/2018	
Date Paid:	10/05/2018	
Payment Method:	Check,	
Check Number:	7137,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	SUMMIT EYE CENTER LLC, Address:1621 NW BLUE PKWY, Phone:(816) 246-2111	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800151093	\$50.00