



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041848
Receipt Date:	05/20/2019
Date Paid:	05/20/2019
Payment Method:	Check,
Check Number:	0026904,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SAINT LUKES SURGICENTER LEE'S SUMMIT, Address:120 NE SAINT LUKES BLVD, Phone:(816) 347-5800

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143790	\$50.00