



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2014009431
Receipt Date:	09/26/2014
Date Paid:	09/26/2014
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	EMERGENT CARE MANAGEMETN LLC, Address:2741NE MCBAINE DR

Fees:

Fee Description	Reference / Application Number	Amount Paid
0027 - Sign Permit (Temporary) fee	PRSGN20142744	\$50.00