

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2015011710
Receipt Date:	05/26/2015
Date Paid:	05/26/2015
Payment Method:	Check,
Check Number:	1363,
Full Amount:	\$100.00
Amount Tendered	\$100.00
Paid By:	KIRSE CHIROPRACTIC, Address:1221 NE DOUGLAS ST, Phone:(816) 525-5355

## Fees:

Fee Description	Reference / Application Number	Amount Paid
0027 - Sign Permit (Permanent) fee	PRSGN20151157	\$100.00