

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

RECEIPT OF PAYMENT

Receipt Number:	2017026219
Receipt Date:	05/16/2017
Date Paid:	05/16/2017
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT MODERN DENTISTRY, Address:17000 RED HILL AVE, Phone:(816) 524-5752

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110062-Sign Permit-Temporary Fee	PRSGN20171550	\$50.00