

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

RECEIPT OF PAYMENT

Receipt Number:	2015016172	
Receipt Date:	11/20/2015	
Date Paid:	11/20/2015	
Payment Method:	Check,	
Check Number:	6850,	
Full Amount:	\$57.50	
Amount Tendered	\$57.50	
Paid By:	GILKISON FAMILY CHIROPRACTIC, Address:672 SE BAYBERRY LN, Unit 105, Phone:(816) 554-7246	

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300140649	\$50.00
0901-Business License Penalty Fee	LC300140649	\$7.50