



LEE'S SUMMIT MISSOURI

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

RECEIPT OF PAYMENT

Receipt Number:	2015016174
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/JOHN CARSTENS, Address:672 SE BAYBERRY LN, Unit 105, Phone:(816) 554-7246

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC1100140645	\$50.00
0901-Business License Penalty Fee	LC1100140645	\$7.50