

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

RECEIPT OF PAYMENT

Receipt Number:	2016022422	
Receipt Date:	09/13/2016	
Date Paid:	09/13/2016	
Payment Method:	Check,	
Check Number:	6962,	
Full Amount:	\$52.50	
Amount Tendered	\$52.50	
Paid By:	GILKISON FAMILY CHIROPRACTIC, Address:672 SE BAYBERRY LN, Unit 105, Phone:(816) 554-7246	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140649	\$50.00
9110052-Business License Penalty Fee	LC300140649	\$2.50