**City of Chicago - License Appeal Commission**
**50 W. Washington St., Daley Ctr Room-CL 21**
**Chicago, Illinois 60602**

# POS INVOICE

**Applicant/ Customer**

Name
Address
Address

**Date**

| Check Box | Description | | AMOUNT |
|---|---|---|---|
| | **077 - Filing Fees** | | |
| | Appeal Filing Fee Due | $125.00 | |
| | | | |
| | Motion Fee Due | $50.00 | |
| | | | |
| | | **TOTAL** | |

Remit to: City of Chicago
Pay at any Chicago payment center:
City Hall - 121 N. LaSalle St., Room 107
2006 E. 95th st.
2550 W. Addison St.
400 W. Superior St.
4770 S. Kedzie

**Note: Cashiers capture Applicant/Licensee Name in Name Field.**
**Cashiers capture Fee Type as indicated/checked in the Comment Field.**

**Point of Sale (POS)**