

## **RECEIPT OF PAYMENT**

Receipt Number:	2025099980
Receipt Date:	08/01/2025
Date Paid:	08/01/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	VISONI SALON/LACIE BROST`, Address:4825 NE JAMESTOWN DR., Phone:(816) 935-1973

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
Business License	LC81240748	\$50.00