

RECEIPT OF PAYMENT

Receipt Number:	2025100107
Receipt Date:	08/05/2025
Date Paid:	08/05/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	#WAX, Address:813 NE RICE RD, Phone:(816) 590-7669

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC81170654	\$50.00