



RECEIPT OF PAYMENT

Receipt Number:	2025100623
Receipt Date:	08/26/2025
Date Paid:	08/26/2025
Payment Method:	Check,
Check Number:	283,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	THE A LIST SALON, Address:400 SW NICHOLS ST , Phone:(816) 554-3907

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC81140703	\$50.00