

RECEIPT OF PAYMENT

Receipt Number:	2019046800	
Receipt Date:	11/26/2019	
Date Paid:	11/26/2019	
Payment Method:	Check,	
Check Number:	304,	
Full Amount:	\$57.50	
Amount Tendered	\$57.50	
Paid By:	B-ENVIED SALON/AMANDA ASBELL, Address:1609 NE JADE CT, Phone:(816) 600-5269	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800150668	\$50.00
9110052-Business License Penalty Fee	LC800150668	\$7.50