

RECEIPT OF PAYMENT

Receipt Number:	2019046815	
Receipt Date:	11/26/2019	
Date Paid:	11/26/2019	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	PURE GLAMOUR AESTHETICS, Address:2123 Highridge Dr. Apt A, Phone:(816) 456-5842	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170820	\$50.00