

RECEIPT OF PAYMENT

Receipt Number:	2019046865
Receipt Date:	12/02/2019
Date Paid:	12/02/2019
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$60.00
Amount Tendered	\$60.00
Paid By:	HAIRAPY/AMBER WALLACE, Address:3505 NE STANTON ST, Phone:(816) 223-5779

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700141147	\$50.00
9110052-Business License Penalty Fee	LC700141147	\$10.00