

## **RECEIPT OF PAYMENT**

Receipt Number:	2020047317
Receipt Date:	01/08/2020
Date Paid:	01/08/2020
Payment Method:	Check,
Check Number:	12685,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON DE CRIST INC/TESS BRAVO, Address:226 OHIO ST, Phone:(816) 525-9331

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100200019	\$50.00