

RECEIPT OF PAYMENT

Receipt Number:	2020047525
Receipt Date:	01/27/2020
Date Paid:	01/27/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROYALTY ROOM SALON/PARIS EIVON, Address:2501 SW WINTERBOND CIR, Phone:(816) 536-3396

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800200053	\$50.00