

## **RECEIPT OF PAYMENT**

Receipt Number:	2020048412	
Receipt Date:	03/17/2020	
Date Paid:	03/17/2020	
Payment Method:	Check,	
Check Number:	1303,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	AMAZING LASH STUDIO, Address:4152 W 128TH TR, Phone:(816) 674-5197	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700170174	\$50.00