



RECEIPT OF PAYMENT

Receipt Number:	2020049789
Receipt Date:	06/02/2020
Date Paid:	06/02/2020
Payment Method:	Check,
Check Number:	1039,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COLOR EXPRESSIONS/CANDICE KINARD, Address:426 SW BRIELLE LN, Phone:(816) 347-9000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800160360	\$50.00