

## **RECEIPT OF PAYMENT**

Receipt Number:	2020049949
Receipt Date:	06/05/2020
Date Paid:	06/05/2020
Payment Method:	Check,
Check Number:	1545,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ELITE INSURANCE AGENCY LLC, Address:500 SW MARKET ST, Unit D, Phone:(816) 616-3207

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800141596	\$50.00