

RECEIPT OF PAYMENT

Receipt Number:	2020050821
Receipt Date:	06/24/2020
Date Paid:	06/24/2020
Payment Method:	Check,
Check Number:	1780,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON RITZ/ASHLEY LAWRENCE, Address:203 SW JEFFERSON ST, Phone:(816) 255-5032

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143516	\$50.00