

RECEIPT OF PAYMENT

Receipt Number:	2020050827
Receipt Date:	06/24/2020
Date Paid:	06/24/2020
Payment Method:	Check,
Check Number:	011917,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	WILSHIRE AT LAKEWOOD, Address:600 NE MEADOWVIEW DR, Phone:(816) 554-9886

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300144307	\$50.00