

RECEIPT OF PAYMENT

Receipt Number:	2020050945
Receipt Date:	06/26/2020
Date Paid:	06/26/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TABITHA PARIS, Address:6433 MANCHESTER AVE, Phone:(816) 382-9332

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100200424	\$50.00