

RECEIPT OF PAYMENT

Receipt Number:	2020051422
Receipt Date:	07/09/2020
Date Paid:	07/09/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COLOR EXPRESSIONS/KATHERINE ONEY, Address:P O BOX 2169, Phone:(816) 347-7000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800150220	\$50.00