

RECEIPT OF PAYMENT

Receipt Number:	2020051424
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/ARRA BEAUTY, Address:1121 SE BROOKWOOD ST, Phone:(816) 347-9000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800200461	\$50.00