

RECEIPT OF PAYMENT

Receipt Number:	2020051487	
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:	SEI BELLA SALON/ANDREA SMIDT, Address:904 SE 15TH ST, Phone:(816) 347-1577	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143685	\$50.00