

RECEIPT OF PAYMENT

Receipt Number:	2020051825
Receipt Date:	07/21/2020
Date Paid:	07/21/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	VISONI SALON/ASHLEY KOCH, Address:3723 NE COLONIAL DRIVE, Phone:(816) 518-4547

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800200495	\$50.00