

RECEIPT OF PAYMENT

Receipt Number:	2020052422	
Receipt Date:	08/13/2020	
Date Paid:	08/13/2020	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	HEALING HANDS MASSAGE THERAPY/PAULA LIBERTY, Address:1111 NE NOELEEN CT, Phone:(816) 739-8914	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100140578	\$50.00