

RECEIPT OF PAYMENT

Receipt Number:	2020052706
Receipt Date:	08/20/2020
Date Paid:	08/20/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ALL ABOUT YOU/BETH COPELAND/MASSAGE HEIGHTS, Address:402 13TH AVE N, Phone:(816) 246-7884

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100150961	\$50.00