

## **RECEIPT OF PAYMENT**

Receipt Number:	2020052731	
Receipt Date:	08/21/2020	
Date Paid:	08/21/2020	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	MARSHA'S NAILS, Address:454 SW WARD RD, Phone:(816) 506-1238	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143204	\$50.00