

## **RECEIPT OF PAYMENT**

Receipt Number:	2020053029
Receipt Date:	08/28/2020
Date Paid:	08/28/2020
Payment Method:	Check,
Check Number:	295,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON ALLURE/HAIR BY HALEY, Address:2704 SE 3RD ST, Phone:(816) 524-2902

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800160482	\$50.00