

## RECEIPT OF PAYMENT

| Receipt Number: | 2020053232  |
|-----------------|---|
| Receipt Date:   | 09/04/2020  |
| Date Paid:      | 09/04/2020  |
| Payment Method: | Check,  |
| Check Number:   | 17-908075003,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | SWAN SPA, Address:1215 NE RICE RD, Phone:(816) 888-0997 |

## Fees:

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC1200190700                      | \$50.00     |
|                          |                                   |             |