

RECEIPT OF PAYMENT

Receipt Number:	2020053473	
Receipt Date:	09/15/2020	
Date Paid:	09/15/2020	
Payment Method:	Check,	
Check Number:	2705,	
Full Amount:	\$112.50	
Amount Tendered	\$112.50	
Paid By:	SALON ALLURE/CARLI RAGSDALE, Address:512 W 91ST TERR, Phone:(816) 524-2902	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170772	\$50.00
9110052-Business License Penalty Fee	LC800170772	\$12.50
9110058-Business License	LC800170772	\$50.00