

## **RECEIPT OF PAYMENT**

Receipt Number:	2020053506
Receipt Date:	09/17/2020
Date Paid:	09/17/2020
Payment Method:	Check,
Check Number:	391381,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALLY BEAUTY SUPPLY #1717, Address:PO BOX 90220, Phone:(816) 525-5110

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700143800	\$50.00