

RECEIPT OF PAYMENT

Receipt Number:	2020053593
Receipt Date:	09/21/2020
Date Paid:	09/21/2020
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	BLOOM NAILS & SPA LLC, Address:1708 NW CHIPMAN RD, Phone:(816) 554-4729

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190676	\$50.00