

RECEIPT OF PAYMENT

Receipt Number:	2020053760
Receipt Date:	09/28/2020
Date Paid:	09/28/2020
Payment Method:	Check,
Check Number:	12798,
Full Amount:	\$62.50
Amount Tendered	\$62.50
Paid By:	SALON & SPA DE CRIST, Address:905 SE LANGSFORD RD , Phone:(816) 525-9331

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC1100190110	\$50.00
9110052-Business License	LC1100190110	\$12.50
Penalty Fee		