

## **RECEIPT OF PAYMENT**

Receipt Number:	2020053822	
Receipt Date:	09/30/2020	
Date Paid:	09/30/2020	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	SALON ALLURE/TINA ARREGUIN, Address:1937 NE DILL DR, Phone:(816) 682-6736	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190506	\$50.00