

RECEIPT OF PAYMENT

Receipt Number:	2020053838	
Receipt Date:	10/01/2020	
Date Paid:	10/01/2020	
Payment Method:	Check,	
Check Number:	1007,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	COLOR EXPRESSIONS/CINDI CLIFFORD, Address:409 N LAKE, Phone:(816) 699-3666	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800150895	\$50.00