

## **RECEIPT OF PAYMENT**

Receipt Number:	2020055315	
Receipt Date:	12/17/2020	
Date Paid:	12/17/2020	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	COLOR EXPRESSIONS/JORDAN BUDZICK, Address:26220 S SKYLINE DR, Phone:(816) 347-9000	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800160096	\$50.00