

RECEIPT OF PAYMENT

Receipt Number:	2020055336
Receipt Date:	12/18/2020
Date Paid:	12/18/2020
Payment Method:	Check,
Check Number:	3466,
Full Amount:	\$57.50
Amount Tendered	\$57.50
Paid By:	WILSHIRE HILLS BEAUTY SALON, Address:713 N OSAGE TRAIL, Phone:(816) 524-3130

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800142753	\$50.00
9110052-Business License Penalty Fee	LC800142753	\$7.50