

## **RECEIPT OF PAYMENT**

Receipt Number:	2020055437	
Receipt Date:	12/28/2020	
Date Paid:	12/28/2020	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	VISONI SALON/ANDI SMITH, Address:5169 SW RAINTREE PKWY, Phone:(913) 669-3692	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800200920	\$50.00