

## **RECEIPT OF PAYMENT**

Receipt Number:	2021056076
Receipt Date:	02/04/2021
Date Paid:	02/04/2021
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY/NICOLE REYNA, Address:501 E 164TH TERT APT A, Phone:(816) 645-7516

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190037	\$50.00