

RECEIPT OF PAYMENT

Receipt Number:	2021056100
Receipt Date:	02/05/2021
Date Paid:	02/05/2021
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON DE CRIST INC/TESS BRAVO, Address:226 OHIO ST, Phone:(816) 525-9331

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100200019	\$50.00