



RECEIPT OF PAYMENT

Receipt Number:	2021056379
Receipt Date:	02/23/2021
Date Paid:	02/23/2021
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$112.50
Amount Tendered	\$112.50
Paid By:	LOVELL SAGEBRUSH INSURANCE GROUP INC, Address:350 SW LONGVIEW BLVD, Phone:(913) 498-9090

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52180032	\$50.00
9110052-Business License Penalty Fee	LC52180032	\$12.50
9110058-Business License	LC52180032	\$50.00