

RECEIPT OF PAYMENT

Receipt Number:	2021056492
Receipt Date:	03/01/2021
Date Paid:	03/01/2021
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$57.50
Amount Tendered	\$57.50
Paid By:	HAIRAPY, Address:618 SW 3RD ST, Unit F, Phone:(816) 645-7516

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81160763	\$50.00
9110052-Business License	LC81160763	\$7.50
Penalty Fee		