

RECEIPT OF PAYMENT

Receipt Number:	2021056493	
Receipt Date:	03/01/2021	
Date Paid:	03/01/2021	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$62.50	
Amount Tendered	\$62.50	
Paid By:	HAIRAPY SPA, Address:618 SW 3RD ST, Unit E, Phone:(816) 645-7516	

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81190416	\$50.00
9110052-Business License	LC81190416	\$12.50
Penalty Fee		