

## **RECEIPT OF PAYMENT**

Receipt Number:	2021057678
Receipt Date:	04/22/2021
Date Paid:	04/22/2021
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON & SPA DE CRIST/NICHOLAS SHARPE, Address:10602 COLLEGE AVE, Phone:(816) 525-9331

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190110	\$50.00