

RECEIPT OF PAYMENT

Receipt Number:	2021057853
Receipt Date:	04/29/2021
Date Paid:	04/29/2021
Payment Method:	Check,
Check Number:	1827,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ELITE INSURANCE AGENCY LLC, Address:500 SW MARKET ST, Unit D, Phone:(816) 616-3207

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52141596	\$50.00