



### RECEIPT OF PAYMENT

Receipt Number:	2021057909
Receipt Date:	04/30/2021
Date Paid:	04/30/2021
Payment Method:	Check,
Check Number:	543,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	GLOSS NAIL SALON, Address:470 NW CHIPMAN RD

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81210313	\$50.00