

## **RECEIPT OF PAYMENT**

Receipt Number:	2021058245
Receipt Date:	05/10/2021
Date Paid:	05/10/2021
Payment Method:	Check,
Check Number:	12547,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TWIN LAKES INSURANCE AGENCY, Address:2641 NE MCBAINE DR, Phone:(816) 525-2125

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52144315	\$50.00