

## **RECEIPT OF PAYMENT**

Receipt Number:	2021058629	
Receipt Date:	05/17/2021	
Date Paid:	05/17/2021	
Payment Method:	Check,	
Check Number:	12713,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	SALON & SPA DE CRIST/COLLINE BELL, Address:1708 LYNN CIR, Phone:(816) 525-9331	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62210361	\$50.00