



RECEIPT OF PAYMENT

Receipt Number:	2021059469
Receipt Date:	06/04/2021
Date Paid:	06/04/2021
Payment Method:	Check,
Check Number:	2299,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRY'S FAMILY HAIR CARE, Address:524 SW 3RD ST, Phone:(816) 524-5000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81142056	\$50.00