

RECEIPT OF PAYMENT

Receipt Number:	2021060451
Receipt Date:	06/24/2021
Date Paid:	06/24/2021
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SOLA SALON/KELLEY ACCURSO-SALON SPECIALIST, Address:471 SW TOWER PARK DR, APT 131, Phone:(816) 694-0485

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81143871	\$50.00