

RECEIPT OF PAYMENT

Receipt Number:	2021061020
Receipt Date:	07/09/2021
Date Paid:	07/09/2021
Payment Method:	Check,
Check Number:	4066,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON ALLURE/CODY WALKER, Address:1207 BRADFORD, Phone:(816) 524-2902

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81140455	\$50.00