

## **RECEIPT OF PAYMENT**

Receipt Number:	2021061182	
Receipt Date:	07/14/2021	
Date Paid:	07/14/2021	
Payment Method:	Check,	
Check Number:	440,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	SALON ALLURE/HAIR BY HALEY, Address:709 SW CROSS CREEK DR, Phone:(816) 524-2902	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81160482	\$50.00