

RECEIPT OF PAYMENT

Receipt Number:	2021061397
Receipt Date:	07/22/2021
Date Paid:	07/22/2021
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TERRA HEALTH & WELLNESS, Address:1134 NE DOUGLAS ST, Phone:(816) 795-9700

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC72190587	\$50.00