



RECEIPT OF PAYMENT

Receipt Number:	2021061662
Receipt Date:	08/02/2021
Date Paid:	08/02/2021
Payment Method:	Check,
Check Number:	6093,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KIDDING AROUND CHILD DEV CENTER, Address:1501 SW SUMMIT CROSSING CT, Phone:(816) 600-6440

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC61142604	\$50.00