

RECEIPT OF PAYMENT

Receipt Number:	2021063463
Receipt Date:	10/12/2021
Date Paid:	10/12/2021
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$55.00
Amount Tendered	\$55.00
Paid By:	HAIRAPY SPA, Address:618 SW 3RD ST, Unit E, Phone:(816) 645-7516

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81190416	\$50.00
9110052-Business License	LC81190416	\$5.00
Penalty Fee		