

RECEIPT OF PAYMENT

Receipt Number:	2021063875	
Receipt Date:	10/29/2021	
Date Paid:	10/29/2021	
Payment Method:	Check,	
Check Number:	139,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	ZEN MASSAGE AND FACIALS, Address:12715 SAGAMORE RD, Phone:(816) 600-5304	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190629	\$50.00