

## **RECEIPT OF PAYMENT**

Receipt Number:	2021063876
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	LC81190630	\$50.00