



RECEIPT OF PAYMENT

Receipt Number:	2021065016
Receipt Date:	12/28/2021
Date Paid:	12/28/2021
Payment Method:	Check,
Check Number:	153,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ZEN MASSAGE/THOMAS VOGLIARDO, Address:7429 NW DONOVAN DR 1046, Phone:(816) 600-5304

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62210902	\$50.00