

RECEIPT OF PAYMENT

Receipt Number:	2022067940	
Receipt Date:	05/03/2022	
Date Paid:	05/03/2022	
Payment Method:	Check,	
Check Number:	3626,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	WILSHIRE HILLS BEAUTY SALON, Address:713 N OSAGE TRAIL, Phone:(816) 524-3130	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81142753	\$50.00