



### RECEIPT OF PAYMENT

Receipt Number:	2022068128
Receipt Date:	05/06/2022
Date Paid:	05/06/2022
Payment Method:	Check,
Check Number:	1916,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STUDIO 803 SALON, Address:3900 SW 14TH ST CT, Phone:(816) 373-1803

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC44143861	\$50.00