



### RECEIPT OF PAYMENT

Receipt Number:	2022068928
Receipt Date:	05/23/2022
Date Paid:	05/23/2022
Payment Method:	Check,
Check Number:	2612,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TLC FAMILY DENTISTRY, Address:3568 SW MARKET ST, Phone:(816) 537-6161

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62144123	\$50.00