

## **RECEIPT OF PAYMENT**

Receipt Number:	2022069011
Receipt Date:	05/24/2022
Date Paid:	05/24/2022
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COSTA VIDA, Address:P O BOX 1352, Phone:(816) 525-8432

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC72150103	\$50.00