

RECEIPT OF PAYMENT

Receipt Number:	2022069428
Receipt Date:	06/06/2022
Date Paid:	06/06/2022
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CHARMANTE' AESTHETICS, Address:1001 NE WHISPHERING WINDS CIR APT A, Phone:(816) 875-9826

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81220389	\$50.00