

RECEIPT OF PAYMENT

Receipt Number:	2022069620
Receipt Date:	06/09/2022
Date Paid:	06/09/2022
Payment Method:	Check,
Check Number:	1094,
Full Amount:	\$52.50
Amount Tendered	\$52.50
Paid By:	GLOSS NAIL STUDIO, Address:4421 NE HIDEAWAY DR, Phone:(816) 600-2035

Fees:

Fee Description	Reference / Application Number	Amount Paid
	INGILIDEI	
9110058-Business License	LC81210313	\$50.00
9110052-Business License	LC81210313	\$2.50
Penalty Fee		