

## **RECEIPT OF PAYMENT**

Receipt Number:	2022069835
Receipt Date:	06/15/2022
Date Paid:	06/15/2022
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DREAM NAILS, Address:889 SW LEMANS LN, Phone:(816) 623-9980

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81200453	\$50.00