

RECEIPT OF PAYMENT

Receipt Number:	2022071850	
Receipt Date:	08/16/2022	
Date Paid:	08/16/2022	
Payment Method:	Check,	
Check Number:	5394,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	SPLIT ENDS SALON, Address:656 SE BAYBERRY LN, Unit 103C, Phone:(816) 807-5187	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81170521	\$50.00