

## **RECEIPT OF PAYMENT**

Receipt Number:	2022071929
Receipt Date:	08/18/2022
Date Paid:	08/18/2022
Payment Method:	Check,
Check Number:	499,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON ALLURE/HAIR BY HALEY, Address:709 SW CROSS CREEK DR, Phone:(816) 524-2902

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81160482	\$50.00