

RECEIPT OF PAYMENT

Receipt Number:	2022073730
Receipt Date:	10/31/2022
Date Paid:	10/31/2022
Payment Method:	Check,
Check Number:	2180,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COLOR EXPRESSIONS/CINDI CLIFFORD, Address:409 N LAKE, Phone:(816) 699-3666

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81150895	\$50.00