

RECEIPT OF PAYMENT

Receipt Number:	2023075729
Receipt Date:	02/14/2023
Date Paid:	02/14/2023
Payment Method:	Check,
Check Number:	1595,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AMAZING LASH STUDIO, Address:4152 W 128TH TR, Phone:(816) 674-5197

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC44170174	\$50.00