

RECEIPT OF PAYMENT

Receipt Number:	2023076251
Receipt Date:	03/13/2023
Date Paid:	03/13/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COURTNEY MICHELLE COSMETICS/CHARMANTE' AESTHETICS, Address:1001 NE WHISPHERING WINDS CIR APT A, Phone:(816) 875-9826

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81220389	\$50.00