

## **RECEIPT OF PAYMENT**

Receipt Number:	2023076362
Receipt Date:	03/17/2023
Date Paid:	03/17/2023
Payment Method:	Check,
Check Number:	119,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Issac Smith American Family Insurance Agent, Address:500 SW MARKET ST UNIT B, Phone:(816) 524-2627

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC52220408	\$50.00