

RECEIPT OF PAYMENT

Receipt Number:	2023076351
Receipt Date:	03/16/2023
Date Paid:	03/16/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	EMPOWER YOUR PELVIS, Address:1805 SW BLACKSTONE PL, Phone:(816) 607-1406

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300170069	\$50.00