

## RECEIPT OF PAYMENT

Receipt Number:	2023077312
Receipt Date:	04/27/2023
Date Paid:	04/27/2023
Payment Method:	Check,
Check Number:	1018,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COSTA VIDA, Address:P O BOX 1352, Phone:(816) 525-8432

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC72150103	\$50.00