

RECEIPT OF PAYMENT

Receipt Number:	2023077324
Receipt Date:	04/27/2023
Date Paid:	04/27/2023
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MASSAGE HEIGHTS /THERESA MILLER, Address:620 NW KAY DR, Phone:(816) 554-3438

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62230273	\$50.00