

RECEIPT OF PAYMENT

| Receipt Number: | 2023078023 |
|-----------------------------|---|
| Receipt Date: | 05/11/2023 |
| Date Paid: | 05/11/2023 |
| Payment Method: | Check, |
| Check Number: | 10671, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | LA FUENTE MEXICAN RESTAURANT, Address:899 SW LEMANS LN, Phone:(816) 623-9494 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC72142509 | \$50.00 |
| | | |