

## **RECEIPT OF PAYMENT**

Receipt Number:	2023078439	
Receipt Date:	05/23/2023	
Date Paid:	05/23/2023	
Payment Method:	Credit Card,	
Check Number:	,	
Transaction Information:		
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	SAMANTHA LINVILLE, Address:3909 NE BEACH RD, Phone:(913) 284-4965	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC53230332	\$50.00