

RECEIPT OF PAYMENT

Receipt Number:	2023079737	
Receipt Date:	06/27/2023	
Date Paid:	06/27/2023	
Payment Method:	Cash,	
Check Number:	,	
Transaction Information:		
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	DREAM NAILS, Address:889 SW LEMANS LN, Phone:(816) 623-9980	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81200453	\$50.00