

RECEIPT OF PAYMENT

Receipt Number:	2023079758
Receipt Date:	06/27/2023
Date Paid:	06/27/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SOLA SALON/KELLEY ACCURSO-SALON SPECIALIST, Address:940 NW PRYOR RD APT 445, Phone:(816) 694-0485

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81143871	\$50.00