

RECEIPT OF PAYMENT

Receipt Number:	2023080432
Receipt Date:	07/18/2023
Date Paid:	07/18/2023
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$55.00
Amount Tendered	\$55.00
Paid By:	GLOSS NAIL STUDIO, Address:4421 NE HIDEAWAY DR, Phone:(816) 600-2035

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81210313	\$50.00
9110052-Business License	LC81210313	\$5.00
Penalty Fee		