

RECEIPT OF PAYMENT

Receipt Number:	2023080739
Receipt Date:	07/28/2023
Date Paid:	07/28/2023
Payment Method:	Check,
Check Number:	1020,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON RITZ, Address:203 SW JEFFERSON ST, Phone:(816) 525-4909

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81143511	\$50.00