

RECEIPT OF PAYMENT

Receipt Number:	2023080769
Receipt Date:	07/31/2023
Date Paid:	07/31/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Massage Heights/Elyse Maxwell, Address:6704 E 97th St, Phone:(816) 466-5352

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62230533	\$50.00