

## **RECEIPT OF PAYMENT**

Receipt Number:	2023081593
Receipt Date:	08/30/2023
Date Paid:	08/30/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON ALLURE / JENNIFER WILLIAMS, Address:217 SE MAIN ST

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81230600	\$50.00