

RECEIPT OF PAYMENT

| Receipt Number: | 2023081609 |
|-----------------------------|--|
| Receipt Date: | 08/30/2023 |
| Date Paid: | 08/30/2023 |
| Payment Method: | Cash, |
| Check Number: | , |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | SALON ALLURE/TINA ARREGUIN, Address:1937 NE DILL DR, Phone:(816) 682-6736 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC81190506 | \$50.00 |
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