



RECEIPT OF PAYMENT

Receipt Number:	2023083089
Receipt Date:	11/02/2023
Date Paid:	11/02/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HALEY PHILLIPS, Address:709 SW CROSS CREEK DR, Phone:(816) 246-0883

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81160482	\$50.00