



RECEIPT OF PAYMENT

Receipt Number:	2024085621
Receipt Date:	03/06/2024
Date Paid:	03/06/2024
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$175.00
Amount Tendered	\$175.00
Paid By:	AMERICAN FAMILY INSURANCE/BRIAN WARD, Address:500 SW 3RD ST, Unit D, Phone:(816) 524-2300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52141163	\$50.00
9110052-Business License Penalty Fee	LC52141163	\$12.50
9110058-Business License	LC52141163	\$50.00
9110052-Business License Penalty Fee	LC52141163	\$12.50
9110058-Business License	LC52141163	\$50.00