



RECEIPT OF PAYMENT

Receipt Number:	2024088426
Receipt Date:	05/30/2024
Date Paid:	05/30/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HEALTH HAVEN THERAPEUTIC MASSAGE/ROXANNE RENFRO, Address:407 W 86TH ST, Phone:(816) 277-5660

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140592	\$50.00