



RECEIPT OF PAYMENT

Receipt Number:	2024088406
Receipt Date:	05/30/2024
Date Paid:	05/30/2024
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$150.00
Amount Tendered	\$150.00
Paid By:	CHI SPA, Address:1205 NE RICE RD, Phone:(816) 888-1291

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62230523	\$50.00
9110058-Business License	LC62230524	\$50.00
9110058-Business License	LC62230525	\$50.00