

RECEIPT OF PAYMENT

Receipt Number:	2024088879
Receipt Date:	06/11/2024
Date Paid:	06/11/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Gina Seibel, Address:256 NE CHIPMAN ROAD, Phone:(816) 721-3847

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC44150684	\$50.00