

RECEIPT OF PAYMENT

Receipt Number:	2024089231
Receipt Date:	06/20/2024
Date Paid:	06/20/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COURTNEY MICHELLE COSMETICS, Address:915 SW ROBIN CIR, Phone:(816) 446-4722

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81200407	\$50.00