

RECEIPT OF PAYMENT

| Receipt Number: | 2024089294 |
|--------------------------|---|
| Receipt Date: | 06/24/2024 |
| Date Paid: | 06/24/2024 |
| Payment Method: | Cash, |
| Check Number: | , |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | HAIR TAILORS/CINDY MELTON, Address:11715 BEACON AVE, Phone:(816) 246-4247 |

Fees:

| Fee Description | Reference / Application | Amount Paid |
|--------------------------|-------------------------|-------------|
| | Number | |
| 9110058-Business License | LC81142053 | \$50.00 |
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