



RECEIPT OF PAYMENT

Receipt Number:	2024089477
Receipt Date:	06/27/2024
Date Paid:	06/27/2024
Payment Method:	Check,
Check Number:	12974,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON & SPA DE CRIST, Address:200 SW 3RD ST, Phone:(816) 525-9331

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140548	\$50.00