

## **RECEIPT OF PAYMENT**

Receipt Number:	2024089839
Receipt Date:	07/08/2024
Date Paid:	07/08/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SOLA SALON/KELLEY ACCURSO-SALON SPECIALIST, Address:940 NW PRYOR RD APT 445, Phone:(816) 694-0485

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81143871	\$50.00