

RECEIPT OF PAYMENT

Receipt Number:	2024090039
Receipt Date:	07/15/2024
Date Paid:	07/15/2024
Payment Method:	Check,
Check Number:	5058,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON RITZ, Address:203 SW JEFFERSON ST, Phone:(816) 525-4909

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81143511	\$50.00