

## **RECEIPT OF PAYMENT**

Receipt Number:	2024090060
Receipt Date:	07/15/2024
Date Paid:	07/15/2024
Payment Method:	Check,
Check Number:	5423,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SPLIT ENDS SALON, Address:656 SE BAYBERRY LN, Unit 103C, Phone:(816) 807-5187

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81170521	\$50.00