



RECEIPT OF PAYMENT

Receipt Number:	2024090638
Receipt Date:	07/30/2024
Date Paid:	07/30/2024
Payment Method:	Check,
Check Number:	1962,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STUDIO 803 SALON, Address:3900 SW 14TH ST CT, Phone:(816) 373-1803

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC44143861	\$50.00