



## RECEIPT OF PAYMENT

Receipt Number:	2024090970
Receipt Date:	08/09/2024
Date Paid:	08/09/2024
Payment Method:	Check,
Check Number:	2859,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TLC FAMILY DENTISTRY, Address:3568 SW MARKET ST, Phone:(816) 537-6161

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62144123	\$50.00