

RECEIPT OF PAYMENT

Receipt Number:	2024091120
Receipt Date:	08/14/2024
Date Paid:	08/14/2024
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON ALLURE/TINA ARREGUIN, Address:1937 NE DILL DR, Phone:(816) 682-6736

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81190506	\$50.00