



RECEIPT OF PAYMENT

Receipt Number:	2024091127
Receipt Date:	08/14/2024
Date Paid:	08/14/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$112.50
Amount Tendered	\$112.50
Paid By:	ZEN MASSAGE AND FACIALS, Address:12715 SAGAMORE RD, Phone:(816) 600-5304

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190629	\$50.00
9110052-Business License Penalty Fee	LC62190629	\$12.50
9110058-Business License	LC62190629	\$50.00