



RECEIPT OF PAYMENT

Receipt Number:	2025094994
Receipt Date:	02/21/2025
Date Paid:	02/21/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	NAILS BY CAROL, Address:618 SW 3RD ST, Unit F, Phone:(816) 729-9151

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81142963	\$50.00