

RECEIPT OF PAYMENT

Receipt Number:	2025095175
Receipt Date:	02/28/2025
Date Paid:	02/28/2025
Payment Method:	Cash, Credit Card,
Check Number:	, ,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MASSAGE HEIGHTS/KENDRA WRIGHT, Address:604 NE NEWPORT DR. , Phone:(816) 554-3438

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100170729	\$50.00