

## **RECEIPT OF PAYMENT**

Receipt Number:	2025097967
Receipt Date:	05/30/2025
Date Paid:	05/30/2025
Payment Method:	Check,
Check Number:	12981,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON & SPA DE CRIST, Address:200 SW 3RD ST, Phone:(816) 525-9331

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC62140548	\$50.00