

RECEIPT OF PAYMENT

Receipt Number:	2025098002
Receipt Date:	06/02/2025
Date Paid:	06/02/2025
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CHI SPA, Address:1205 NE RICE RD, Phone:(816) 888-1291

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62230523	\$50.00