



RECEIPT OF PAYMENT

Receipt Number:	2025099222
Receipt Date:	07/07/2025
Date Paid:	07/07/2025
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DREAM NAILS, Address:889 SW LEMANS LN, Phone:(816) 623-9980

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC81200453	\$50.00