

## **RECEIPT OF PAYMENT**

Receipt Number:	2025099362
Receipt Date:	07/10/2025
Date Paid:	07/10/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SMOKE TOKZ, Address:1129 NE RICE RD, Phone:(816) 209-4726

## Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC44200379	\$50.00