

## **RECEIPT OF PAYMENT**

Receipt Number:	2025099544
Receipt Date:	07/17/2025
Date Paid:	07/17/2025
Payment Method:	Check,
Check Number:	5135,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON RITZ, Address:203 SW JEFFERSON ST, Phone:(816) 525-4909

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
Business License	LC81143511	\$50.00