



RECEIPT OF PAYMENT

Receipt Number:	2023075097
Receipt Date:	01/13/2023
Date Paid:	01/13/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$200.00
Amount Tendered	\$200.00
Paid By:	Abigail Gaines , Address:550 Stanley Rd, Phone:(816) 682-0291

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110062-Sign Permit-Permanent Fee	PRSGN20230108	\$200.00