



RECEIPT OF PAYMENT

Receipt Number:	2023075369
Receipt Date:	01/26/2023
Date Paid:	01/26/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$400.00
Amount Tendered	\$400.00
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	PRSGN20230292	\$100.00
9110062-Sign Permit-Permanent Fee	PRSGN20230296	\$100.00
9110062-Sign Permit-Permanent Fee	PRSGN20230301	\$100.00
9110062-Sign Permit-Permanent Fee	PRSGN20230318	\$100.00