

# RECEIPT OF PAYMENT

**Receipt Number:** 2016060524  
**Receipt Date:** 01/29/2016  
**Date Paid:** 01/29/2016  
**Full Amount:** \$30.00

<b>Payment Details:</b>	<b>Payment Method</b>	<b>Amount Tendered</b>	<b>Check Number</b>
	Credit Card	\$30.00	2205383

**Amount Tendered:** \$30.00  
**Change / Overage:** \$0.00  
**Contact:** Grace Scheller Hair Inception Salon, Address:850 Paden Street, Phone:(630) 251-1616

## FEE DETAILS:

<b>Fee Description</b>	<b>Reference Number</b>	<b>Amount Owing</b>	<b>Amount Paid</b>
Occupation Tax Certificate	LC20140000004	\$30.00	\$30.00