

# RECEIPT OF PAYMENT

**Receipt Number:** 2015054147  
**Receipt Date:** 07/08/2015  
**Date Paid:** 07/08/2015  
**Full Amount:** \$30.00

| <b>Payment Details:</b>  | <b>Payment Method</b>  | <b>Amount Tendered</b> | <b>Check Number</b> |
|--------------------------|--|------------------------|---------------------|
|                          | Cash   | \$30.00                |                     |
| <b>Amount Tendered:</b>  | \$30.00  |                        |                     |
| <b>Change / Overage:</b> | \$0.00   |                        |                     |
| <b>Contact:</b>          | Connie Sechler Salon, Address:1105 Parkside Ln, Phone:(770) 595-8985 |                        |                     |

## FEE DETAILS:

| <b>Fee Description</b>     | <b>Reference Number</b> | <b>Amount Owing</b> | <b>Amount Paid</b> |
|----------------------------|-------------------------|---------------------|--------------------|
| Occupation Tax Certificate | LC20150000581           | \$30.00             | \$30.00            |