RECEIPT OF PAYMENT

Receipt Number: Receipt Date: Date Paid: Full Amount:	2019100236 01/17/2019 01/17/2019 \$30.00		
Payment Details:	Payment Method Cash	Amount Tendered \$30.00	Check Number
Amount Tendered: Change / Overage: Contact:	\$30.00 \$0.00 April Baker Salon, Address:1105 Parkside Ln,		

FEE DETAILS:

Fee Description	Reference Number	Amount Owing	Amount Paid
Occupation Tax Certificate	LC20190000061	\$30.00	\$30.00