



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020051415
Receipt Date:	07/08/2020
Date Paid:	07/08/2020
Payment Method:	Check,
Check Number:	894,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE/ALBERTA ADKINS, Address:13310 13th St., Phone:(816) 405-8273

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100140486	\$50.00