



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021062310
Receipt Date:	08/24/2021
Date Paid:	08/24/2021
Payment Method:	Check,
Check Number:	933,
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	LC62140486	\$50.00