



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023082244
Receipt Date:	09/28/2023
Date Paid:	09/28/2023
Payment Method:	Check,
Check Number:	1223,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE/AMANDA POSTLEWAIT, Address:6600 W 149TH ST, Phone:(816) 797-5923

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140727	\$50.00