



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024091114
Receipt Date:	08/14/2024
Date Paid:	08/14/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE MASSAGE THERAPY, Address:525 SW MARKET ST, Phone:(816) 554-8080

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140497	\$50.00