



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024091402
Receipt Date:	08/23/2024
Date Paid:	08/23/2024
Payment Method:	Check,
Check Number:	1241,
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