

Please allow 3-4 weeks for processing.
 All fields are required.
Incomplete applications will be delayed.

NEW 2018
 NKC Class 3

City Hall (816) 274-6000
City Hall Fax (816) 421-5046

LICENSE #: _____ **APPLICATION FOR BUSINESS LICENSES**

BUSINESS NAME: _____

COMPANY NAME USED FOR ASSESSING PROPERTY TAXES IF DIFFERENT THAN ABOVE: _____

BUSINESS ADDRESS OR PROPERTY LOCATION: _____

BUSINESS MAILING ADDRESS: _____

FEIN # OR SSN #: _____ **MO TAX ID#:** _____

TYPE OF BUSINESS: _____

BUS. OWNER/PARENT CORP NAME: _____

OF EMPLOYEES DRIVING INTO NKC: _____ **CORPORATE PHONE:** _____

LOCAL CONTACT NAME: _____

E-mail: _____

LOCAL PHONE: _____ **LOCAL FAX NUMBER:** _____

CHECK LIST

Certificate of No Tax Due attached (if applicable) _____

2017 paid Real estate property tax receipt attached (if applicable) _____

2017 paid Business Personal Property tax receipt or registration attached _____

BUSINESS CLASS 3 – GROSS RECEIPTS:

Estimated Gross receipts for business in 2018 (A): _____ (Round to nearest 1,000)

Gross receipts calculation ($A \div 1,000 \times .50$) (B): _____

Plus flat fee (C): -----> \$25.00

License fee by March 1st (B+C=D): _____

Renewals after March 1st add 10% penalty (D times 10%) (E): _____

Additional 2% penalty each month after March 31st (F): _____
(D X 2% X number of months after March 31st including current month)

Total due (D + E + F) -----> : _____

**MAIL CHECK PAYABLE TO:
 AND MAIL WITH COMPLETED APPLICATION TO:**

CITY OF NORTH KANSAS CITY
 ATTN: BUSINESS LICENSE
 2010 HOWELL ST
 NORTH KANSAS CITY, MO 64116

Missouri House Bill 1549 - The signer of this application for this business affirms that this business complies with all rules and regulations of HB 1549 and does not employ illegal immigrants.

Please verify and fill in any blanks on the form. All above fields must be completed. Incomplete applications will be delayed. Please allow 3-4 weeks for processing of application. Signer of this application affirms that all information given in this application is true and correct to their best knowledge.

Date: _____ **Signature of Applicant:** _____

For further assistance, please contact City Hall at (816) 274-6000

Thank you in advance for your cooperation.