

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

NEW 2019
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) _____

2018 paid Real estate property tax receipt attached (if applicable) _____

2019 Clay County Business Personal Property tax registration attached _____

BUSINESS CLASS 3 – GROSS RECEIPTS:

Estimated Gross receipts for business in 2019 (A): _____ (Round to nearest 1,000)

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

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

License fee (B+C=D): _____

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.