

Submissions are processed in order received.
All fields are required.
 Incomplete applications will be delayed.

***RENEWAL*
 2025 NKC
 Class 1
 Contractors**

NKC LICENSE #: _____

BUSINESS LICENSE RENEWAL APPLICATION

BUSINESS NAME: _____

BUSINESS OWNER/PARENT CORP NAME: _____

BUSINESS EMAIL: _____ BUSINESS PHONE: _____

LICENSE CONTACT NAME: _____ CONTACT PHONE: _____

LICENSE & RENEWAL EMAIL: _____

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

FEDERAL EMPLOYEE IDENTIFICATION (FEIN) # OR SOCIAL SECURITY (SSN) #: _____

TOTAL NUMBER OF EMPLOYEES WORKING IN NKC: _____ (max amount of individuals on jobsite in NKC)

TYPE OF CONTRACTING WORK / NCIS CODE: _____

Gross Volume of Business in NKC for 2024
 (Round to nearest \$1,000) \$ _____

****Gross volume will be the total revenue earned before expenses****

License Fee per Contractor Fee Schedule \$ _____

CONTRACTOR FEE SCHEDULE	
GROSS ANNUAL VOLUME	LICENSE FEE
\$ 10,000 or less	\$30
\$ 10,001 - \$ 20,000	\$45
\$ 20,001 - \$ 50,000	\$75
\$ 50,001 - \$100,000	\$125
\$100,001 - \$200,000	\$175
\$200,001 - \$300,000	\$300
\$300,001 - \$500,000	\$400
\$500,001 and over	Call 274-6000 for the fee

**MAKE CHECK PAYABLE TO:
 CITY OF NORTH KANSAS CITY**

**MAIL WITH APPLICATION AND
 CERTIFICATE OF INSURANCE TO:**

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

REQUIRED DOCUMENTS
 _____ Certificate of Insurance with Liability AND Workers' Compensation (showing NKC as Certificate Holder) *see reverse for details

OR EMAIL: licensing@nkc.org - an invoice for payment will be emailed once processed.

For further assistance, please contact City Hall at (816) 274-6000 or email nkcbusinesslicense@nkc.org.

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.

Signer of this application affirms that all information given in this application is true and correct to their best knowledge.

Date: _____ Signature of Applicant: _____

Certificate of Insurance

City of North Kansas City Code requires a **Certificate of Insurance** showing proof of workers' compensation insurance coverage AND liability insurance coverage, with the **City of North Kansas City, Missouri named as certificate holder**. However, if your company is to do business with the City of North Kansas City Missouri directly, the City will need to be listed as additional insured with regards to the liability insurance coverage. This certificate **must** be on file prior to issuance of the business license. Certificates can be emailed to licensing@nkc.org or mailed to: City of North Kansas City, Attn: Business Licensing, 2010 Howell St., North Kansas City, MO, 64116.

If the contractor is exempt from workers' compensation, a **notarized** Affidavit of Exemption for Workers' Compensation Insurance form is required.

Missouri Department of Labor and Industrial Relations Division of Workers' Compensation

Affidavit of Exemption for Workers' Compensation Insurance link:

https://labor.mo.gov/sites/labor/files/pubs_forms/WC-134-AI.pdf

Missouri House Bill 1549

Illegal Aliens and Immigration Status Verification requires that any business that knowingly employs an illegal alien will result in the suspension of a company's applicable local licenses, permits, or exemptions.

Signature on the application is required to attest to compliance to this bill.

Important Numbers

City Hall (Business License)

Phone Number (816) 274-6000

nkcbusinesslicense@nkc.org

Code Compliance (Permits)

Phone Number (816) 274-6006

permits@nkc.org