

Submissions are processed in order received.

All fields are required.
Incomplete applications will be delayed.

RENEWAL
2025 NKC Class 2
Fixed Fee License
-Misc.-

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) #:	
NUMBER OF EMPLOYEES WORKING IN NKC:	MO SALES TAX ID # (if applicable):
TYPE OF BUSINESS/NCIS CODE:	
BUSINESS CLASS 2 – FIXED FEE RATES: (SEE SCHED	DULE ON NEXT PAGE)
** TYPE OF FIXED FEE **(SEE FEE SCHEDULE):	
(A) FIXED FEE AMOUNT (SEE FEE SCHEDULE):	
(B) ADDITIONAL DAYS/# UNITS (SEE SCHEDULE):	
(C) LICENSE FEE BY MARCH 1st, (A+B)	
(D) RENEWALS AFTER MARCH 1st ADD 10% PENALTY ((C times 10%): \$
(E) ADDITIONAL 2% PENALTY EACH MONTH AFTER MA	ARCH 31st: \$
(C X 2% X number of months after March 31st including	g current month)
PAY THIS AMOUNT (C + D + E):	
MAKE CHECK PAYABLE TO:	CITY OF NORTH KANSAS CITY
AND MAIL WITH COMPLETED APPLICATION TO:	ATTN: BUSINESS LICENSES 2010 HOWELL STREET
	NORTH KANSAS CITY, MO 64116
Or Empile to liconsing@nks.org — an invoice f	or payment will be empiled once proceed
Or Email to: <u>licensing@nkc.org</u> — an invoice for further assistance, please contact City Hall at (816) 274	
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	cation for this business affirms that this business complies
with all rules and regulations of HB 1549 and does not e	employ illegal immigrants. Ition given in this application is true and correct to
their best knowledge.	
Date: Signature of Applicant:	

Certificate of Insurance

<u>City of North Kansas City Code</u> requires a <u>Certificate of Insurance</u> showing proof of worker's compensation insurance coverage AND liability insurance coverage, with the <u>City of North Kansas City, Missouri named as certificate holder</u>. 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 <u>must</u> be on file prior to issuance of the business license. Certificates can be emailed to <u>licensing@nkc.org</u> 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



Fixed Fee License Codes

TYPE: Billiard or pool tables

Per table, per year: \$15

TYPE: Electrical coin-operated amusement devices

Per table, per year: \$15

TYPE: Carnival

Per day: **\$100**

- Liability insurance \$1,000,000/\$2,000,000/\$500,000 is required.

TYPE: Circus, Menagerie, or Rodeo

First day: **\$250**

Each succeeding day thereafter: \$200