

NKC LICENSE #: \_\_\_\_\_

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

**\*RENEWAL\***  
**2025 NKC**  
**Class 2**  
**Fixed Fee License**  
**-Bonding/Security**  
**Company-**

**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 SCHEDULE ON NEXT PAGE)**

**\*\* TYPE OF FIXED FEE \*\***(SEE FEE SCHEDULE): \_\_\_\_\_

(A) COMPANY YEARLY FEE (SEE FEE SCHEDULE): ----->\$ \_\_\_\_\_

(B) ADDITIONAL AGENTS/OFFICERS X FEE AMOUNT: \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

(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 MARCH 31st: \$ \_\_\_\_\_

(C X 2% X number of months after March 31st including current month)

**PAY THIS AMOUNT (C + D + E):**-----> \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO:**

**MAIL CHECK WITH COMPLETED APPLICATION TO:**

**CITY OF NORTH KANSAS CITY**

ATTN: BUSINESS LICENSES

2010 HOWELL STREET

NORTH KANSAS CITY, MO 64116

**Or Email to: [licensing@nkc.org](mailto: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](mailto: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:** \_\_\_\_\_

**Fixed Fee License Codes**

**Security Company**

Yearly Fee: **\$50**

Plus, for each Security Officer: **\$10**

**Bonding Company**

Yearly Fee (includes one Agent/Owner): **\$150**

Plus, for each Bondsman Agent: **\$40**

- **List PAID agent names below (line one will be included Agent/Owner):**

	<b>BONDING COMPANY'S LIST PAID AGENTS' NAMES ONLY</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	