

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

RENEWAL
2025 NKC
Class 2
Fixed Fee License
-Vehicle-

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: _____ **MO SALES TAX ID # (if applicable):** _____

TYPE OF CONTRACTING WORK / NCIS CODE: _____

DOCUMENTS NEEDED:

Certificate of No Sales Tax Due attached (if you collect sales tax) _____

Clay County Business Personal Property Registration (if new business in Clay Co) or Prior Year Paid Tax Receipt attached _____

****SEE ATTACHED FEE SCHEDULE FOR ADDITIONAL DOCUMENTS****

BUSINESS CLASS 2 – FIXED FEE RATES: (SEE SCHEDULE ATTACHED)

TYPE OF VEHICLE (SEE FEE SCHEDULE): _____

(A) AMOUNT PER VEHICLE/FIRST VEHICLE (SEE FEE SCHEDULE) \$ _____

(B) AMOUNT PER ADDITIONAL VEHICLES (SEE FEE SCHEDULE) \$ _____

(C) LICENSE FEE BY MARCH 1st, (A+B) -----> \$ _____

(D) RENEWALS AFTER MARCH 1st ADD 10% PENALTY (C X 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:

AND MAIL 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 – 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 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.

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

Fixed Fee License Fees

VEHICLE TYPE: Ice Cream Truck, Catering Truck, and/or Lunch Truck

Amount Vehicle, Per Year: **\$65**

Required additional documents:

- Current Clay County Health Inspection
- Fire Inspection – from business' local Fire Department
- Certificate of Insurance – Liability \$25,000/\$50,000/\$10,000 required
- Complete Vehicle Information Sheet (attached)

VEHICLE TYPE: Delivery Truck or Delivery Automobile

Amount Per Vehicle, Per Year: **\$25**

Required additional documents:

- Certificate of Insurance – Liability \$25,000/\$50,000/\$10,000 required
- Complete Vehicle Information Sheet (attached)

VEHICLE TYPE: Taxicab, Livery, or Limousine Company

Amount First Vehicle, Per Year: **\$35**

Additional Vehicle, Per Year: **\$10**

Required additional documents:

- Certificate of Insurance – Liability \$25,000/\$50,000/\$10,000 required
- Complete Vehicle Information Sheet (attached)

VEHICLE TYPE: Trash Company

Amount First Vehicle, Per Year: **\$250**

Additional Vehicle, Per Year: **\$25**

Required additional documents:

- Certificate of Insurance – Liability \$25,000/\$50,000/\$10,000 required
- Complete Vehicle Information Sheet (attached)

