

Submissions are processed in order received.

All fields are required. Incomplete applications will be delayed.

** NEW **
2025 NKC Class 2
Fixed Fee License
-Misc.-

#•	NSF	I TCF	NKC	

APPLICATION FOR BUSINESS LICENSE

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BUSINESS NAME:			
	BUSINESS PHONE:		
LICENSE CONTACT NAME:	CONTACT PHONE:		
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):\$			
PAY THIS AMOUNT (A + B):			
MAKE CHECK PAYABLE TO:	CITY OF NORTH KANSAS CITY		
AND MAIL WITH COMPLETED APPLICATION TO:	2010 HOWELL STREET		
	NORTH KANSAS CITY, MO 64116		
Or Email to: licensing@nkc.org — an invoice for	or payment will be emailed once processed.		
For further assistance, please contact City Hall at (816) 274	• •		
with all rules and regulations of HB 1549 and does not e			
Signer of this application affirms that all informatheir best knowledge.	ntion given in this application is true and correct to		
Date: Signature of Applicant:			
Jaco Jignatare of Applicant			

Certificate of Insurance

<u>City of North Kansas City Code</u> requires a <u>Certificate of Insurance</u> showing proof of workers' 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