

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

RENEWAL
2025 NKC
Class 3
Gross Receipts

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) _____
Prior Year Paid Real Estate Property Tax Receipt attached (if you DON'T rent) _____
Prior Year Paid Clay County Business Personal Property Receipt attached _____

BUSINESS CLASS 3 - GROSS RECEIPTS:

Gross receipts for business in 2024 (A): _____ **(Round to nearest \$1,000)**

****Gross receipts are the total revenue earned before expenses****

Gross receipts calculation ("A"/1,000 x \$.50) (B): _____

Plus flat fee (C): **\$25.00** _____

License fee by March 1st (B+C=D): _____

Renewals after March 1st add 10% penalty (D x 10%) (E): _____

Additional 2% penalty each month after March 31st (F): _____

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

Total Due (D + E + F): _____

MAIL CHECK PAYABLE TO:

AND MAIL WITH COMPLETED APPLICATION TO:

CITY OF NORTH KANSAS CITY

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

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.

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

Date: _____ **Signature of Applicant:** _____