

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

**\*\* NEW \*\***  
**2025 NKC Class 3**  
**Gross Receipts**  
**Application**

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

**APPLICATION FOR BUSINESS LICENSE**

**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 \_\_\_\_\_

**BUSINESS CLASS 3 – GROSS RECEIPTS:**

Estimated Gross Receipts to be Earned in 2025 (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** \_\_\_\_\_

**Total Due** License Fee (B+C=D): (B +C): \_\_\_\_\_

**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](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.

**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:** \_\_\_\_\_