

FORM RD-100
(12/12)

City of Kansas City, Missouri - Revenue Division
REGISTRATION APPLICATION



KANSAS CITY
MISSOURI

Phone: (816) 513-1135
Fax: (816) 513-1264
E-file: www.kcmo.org/revenue

ADD NEW OR UPDATE EXISTING ACCOUNTS (check all that apply)

<input type="checkbox"/> Business License Account	<input type="checkbox"/> Convention & Tourism - Hotel Account	<input type="checkbox"/> Utilities Account: Cable Company	
<input type="checkbox"/> Profits Account	<input type="checkbox"/> Liquor Sales (Check if Applicable)	<input type="checkbox"/> Utilities Account: Wireless Telephone Company	
<input type="checkbox"/> Withholding Account	<input type="checkbox"/> Convention & Tourism - Food Account	<input type="checkbox"/> Utilities Account: Telephone Company	
<input type="checkbox"/> Arena (Hotel / Motel)	<input type="checkbox"/> Liquor Sales (Check if Applicable)	<input type="checkbox"/> Utilities Account: Gas, Electric, or Steam Company	
<input type="checkbox"/> Arena (Car Rental)	<input type="checkbox"/> Cigarette License Account	<input type="checkbox"/> Domestic Employer	
SOCIAL SECURITY / FEDERAL ID NUMBER		MISSOURI SALES TAX NUMBER	
LEGAL NAME (INDIVIDUAL OR BUSINESS)		BUSINESS NAME (DBA)	
MAILING ADDRESS City State Zip Code			
LOCAL BUSINESS ADDRESS (IF ANY) City State Zip Code			
BUSINESS TELEPHONE NUMBER	LOCAL BUSINESS TELEPHONE	FAX NUMBER	
EMAIL ADDRESS		CONTACT NAME	
General Information			
Type Federal Return Filed	Type of Business	Classification of Business	
<input type="checkbox"/> 1040 Individual <input type="checkbox"/> 1120 Corporation <input type="checkbox"/> 1120s Corporation <input type="checkbox"/> 1065 Partnership <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Retail Trade <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Governmental <input type="checkbox"/> Restaurant <input type="checkbox"/> Finance <input type="checkbox"/> Real Estate <input type="checkbox"/> Service <input type="checkbox"/> Hotel/Motel # of rooms: _____ <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Profit <input type="checkbox"/> Non-profit (If not-for-profit, attach copy of exemption certificate) <input type="checkbox"/> Voluntary Withholding Only (Non resident Employers)	
DATE OF INCORPORATION	STATE OF INCORPORATION	NUMBER OF EMPLOYEES LIVING OR WORKING IN KCMO	
KCMO START DATE	FISCAL YEAR END	NAICS CODE (IF KNOWN)	
DESCRIBE (IN DETAIL) THE NATURE OF BUSINESS PERFORMED IN KCMO			
LIST ALL OWNERS, PARTNERS OR OFFICERS (Attach additional names on separate sheet):			
Name	Home Address and Telephone Number	Position	Social Security Number
City Resolution Number 070067 requests voluntary information regarding race, ethnicity or gender in order to identify potential new businesses to participate in the City of Kansas City, Missouri Minority-Owned Business Enterprise (MBE) and Woman-Owned Business Enterprise (WBE) Program. <input type="checkbox"/> Please check this box if you are a minority-owned or a woman-owned business			

DO NOT SEND CASH. Make check payable to: KCMO City Treasurer

Mail to: City of Kansas City, Missouri, Revenue Division, 1118 Oak St., Kansas City, MO 64106

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or the phone number at the top of your return.

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.

Yes No

Under penalties of perjury, I declare this return to be a true, correct, and complete accounting for the taxable year stated.

Print Name of Taxpayer _____ Signature _____ Title _____ Date _____ Phone _____

Preparer Name (if other than taxpayer) _____ Signature _____ Title _____ Date _____ Phone _____

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Business License and Registration

Businesses are required to be registered and licensed in order to do business in Kansas City, Missouri unless State Law provides an exemption from licensing. New Businesses may be required to meet the following requirements, prior to the issuance of an occupational business license. Proof of obtaining the following documents should accompany the initial request for a license. In addition to licensing businesses, this section also registers businesses for other taxes the city collects.

Requirement	Office Location
FORM RD-100 REGISTRATION APPLICATION Required of all businesses operating in Kansas City, MO	KANSAS CITY, MO REVENUE DIVISION BUSINESS LICENSE SECTION 1118 Oak Street, Kansas City, MO 64106 (816) 513-1135 www.kcmo.org
ZONING CLEARANCE Required of all new and existing businesses with a change in a Kansas City, Missouri address	BizCare/KANSAS CITY, MO CITY PLANNING AND DEVELOPMENT DEPARTMENT 1118 Oak Street, Kansas City, MO 64106 (816) 513-1500 or (816) 513-BIZC(2492) www.kcmo.org/zoningcl.nsf/application
CERTIFICATE OF INCORPORATION/ORGANIZATION Required for limited liability companies, (LLC), corporations, limited partnerships, non-profit organizations	STATE OF MO - SECRETARY OF STATE 615 East 13th St., 5th Floor, Room 513, Kansas City, MO 64106 (816) 889-2925 www.sos.mo.gov
MISSOURI SALES TAX NUMBER (Retail Sales)	MISSOURI DEPARTMENT OF REVENUE 615 East 13th St., 1st Floor, Room 127, Kansas City, MO 64106 (816) 889-2944 dor.mo.gov
FEDERAL EMPLOYERS ID NUMBER	INTERNAL REVENUE SERVICE (IRS) 1-800-829-4933 www.irs.gov/businesses/index.html
KCMO REGULATED INDUSTRIES CLEARANCE / APPROVAL Required for all establishments serving liquor and other types of businesses that are regulated by the City of KCMO. Examples are taxi and/or limousine companies, salvage dealers, etc...	KANSAS CITY, MO REGULATED INDUSTRIES Century Towers, 635 Woodland, Suite 2101, Kansas City, MO 64106 (816) 784-9000 www.kcmo.org/CKCMO/Business/index.htm
HEALTH PERMIT Required of all food establishments	KANSAS CITY, MO HEALTH DEPARTMENT 2400 Troost Ave., Suite 3000, Kansas City, MO 64108 (816) 513-6315 www.kcmo.org/CKCMO/Depts/Health/index.htm
WORKERS' COMPENSATION CERTIFICATE OF INSURANCE OR FORM MO-WC65B (Exemption) OR FORM MO-WC76 CERTIFICATE OF INSURER Required of construction based companies	APPLICANT'S INSURANCE COMPANY
KCMO POLICE CLEARANCE (Required for all security guard service businesses & private investigators)	PRIVATE OFFICERS LICENSING SECTION 635 Woodland, Suite 2104, Kansas City, MO 64106 (816) 889-6600

*Additional paperwork and/or requirements may be required depending on the type of business activity.