

# FORM RD-100

(09/15)

## City of Kansas City, Missouri - Revenue Division REGISTRATION APPLICATION



KANSAS CITY  
MISSOURI

Phone: (816) 513-1120  
 Fax: (816) 513-1264  
 E-file: [kcmo.gov/quicktax](http://kcmo.gov/quicktax)

### 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"/> 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
---------------------------	--------------------------	------------	---------------	--------------

Type	Type of Business	Classification of Business
<input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> 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 non-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

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

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer. Under penalties of perjury, I declare this return to be true, correct, and complete accounting for the taxable year stated. Yes  No

Print Name of Taxpayer                      Signature                      Title                      Date                      Phone

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

# FORM RD-100

(09/15)

## City of Kansas City, Missouri - Revenue Division REGISTRATION APPLICATION

Phone: (816) 513-1120  
 Fax: (816) 513-1264  
 E-file: [kcmo.gov/quicktax](http://kcmo.gov/quicktax)



### 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 a 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
<b>FORM RD-100 REGISTRATION APPLICATION</b> Required of all businesses operating in Kansas City, Missouri.	<b>KANSAS CITY, MO REVENUE DIVISION BUSINESS LICENSE SECTION</b> 1118 Oak Street, Kansas City, MO 64106 (816)513-1135 <a href="http://www.kcmo.gov">www.kcmo.gov</a>
<b>ZONING CLEARANCE</b> Required of all new and existing businesses with a change in a Kansas City, Missouri address.	<b>KC BizCare/KANSAS CITY, MO CITY PLANNING AND DEVELOPMENT DEPARTMENT</b> 1118 Oak Street, Kansas City, MO 64106 (816)513-1500 or (816)BIZC(2492) <a href="http://www.kcmo.org/zoningcl.nsf/application">www.kcmo.org/zoningcl.nsf/application</a>
<b>CERTIFICATE OF INCORPORATION/ORGANIZATION</b> Required for limited liability companies, (LLC), corporations, limited partnerships, non-profit organizations	<b>STATE OF MO - SECRETARY OF STATE</b> 615 East 13th St., 5th Floor, Room 513, Kansas City, MO 64106 (816)889-2925 <a href="http://www.sos.mo.gov">www.sos.mo.gov</a>
<b>MISSOURI SALES TAX NUMBER (Retail Sales)</b>	<b>MISSOURI DEPARTMENT OF REVENUE</b> P.O. Box 385 Jefferson City, MO 65105 (573)751-3505 <a href="http://www.dor.mo.gov">www.dor.mo.gov</a>
<b>FEDERAL EMPLOYERS ID NUMBER</b>	<b>INTERNAL REVENUE SERVICE (IRS)</b> 1-800-829-4933 <a href="http://www.irs.gov/business/index.html">www.irs.gov/business/index.html</a>
<b>KCMO REGULATED INDUSTRIES CLEARANCE/APPROVAL</b> Required for all establishments serving liquor and other types of businesses that are regulated by the City of KCMO.	<b>KANSAS CITY, MO REGULATED INDUSTRIES</b> Century Towers, 635 Woodland, Suite 2101, Kansas City, MO 64106 (816)513-4560 <a href="http://kcmo.gov/neighborhoods/regulated-industries-2/">http://kcmo.gov/neighborhoods/regulated-industries-2/</a>
<b>HEALTH PERMIT</b> Required of all food establishments	<b>KANSAS CITY, MO HEALTH DEPARTMENT</b> 2400 Troost Ave., Suite 3000, Kansas City, MO 64108 (816)513-6315 <a href="http://kcmo.gov/health/environmental-health-services/">http://kcmo.gov/health/environmental-health-services/</a>
<b>WORKERS' COMPENSATION CERTIFICATE OF INSURANCE OR FORM MO-WC65B (Exemption) OR FORM MO-WC76 CERTIFICATE OF INSURER</b> Required of construction based companies	APPLICANT'S INSURANCE COMPANY
<b>KCMO POLICE CLEARANCE</b> (Required for all security guard service businesses & private investigators)	<b>PRIVATE OFFICERS LICENSING SECTION</b> 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.