

# REGISTRATION APPLICATION

**RD-100**

REV. 11/07

CITY OF KANSAS CITY, MISSOURI  
FINANCE DEPARTMENT  
REVENUE DIVISION  
414 EAST 12TH STREET  
3RD FLOOR-WEST ROOM 301W  
KANSAS CITY, MO 64106-2786

Phone - (816) 513-1135 / FAX - (816) 513-1221

**REASON FOR SUBMITTING REGISTRATION FORM (check all that apply).**

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Business License Account  | <input type="checkbox"/> C & T - Hotel Account<br><input type="checkbox"/> Liquor Sales (Check if Applicable) | <input type="checkbox"/> Profits Account     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cigarette License Account | <input type="checkbox"/> C & T - Food Account<br><input type="checkbox"/> Liquor Sales (Check if Applicable)  | <input type="checkbox"/> Withholding Account |                                       |

SOCIAL SECURITY / FEDERAL ID NUMBER

MISSOURI SALES TAX NUMBER

INDIVIDUAL'S LEGAL NAME OR BUSINESS LEGAL NAME

BUSINESS NAME

MAILING ADDRESS

LOCAL BUSINESS ADDRESS (IF ANY)

BUSINESS TELEPHONE NUMBER

LOCAL BUSINESS TELEPHONE

CONTACT NAME

**GENERAL INFORMATION**Type of OrganizationType of BusinessClassification of Business

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Corporation                    | <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Finance               | <input type="checkbox"/> Profit   |
| <input type="checkbox"/> Trust/Association              | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Real Estate           |   |
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Service               | <input type="checkbox"/> Non-profit (If not-for-profit, attach copy of exemption certificate) |
| <input type="checkbox"/> Partnership                    | <input type="checkbox"/> Construction    | <input type="checkbox"/> Hotel/Motel           |   |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Governmental    | # of rooms: _____                              |   |
| <input type="checkbox"/> Other, specify: _____          | <input type="checkbox"/> Restaurant      | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Voluntary Withholding Only<br>(Nonresident employers)                |

DATE OF INCORPORATION (IF APPLICABLE)

STATE OF INCORPORATION (IF APPLICABLE)

KCMO BUSINESS START DATE

FISCAL YEAR-END DATE

NUMBER OF EMPLOYEES

DESCRIBE (IN DETAIL) THE NATURE OF BUSINESS PERFORMED IN KCMO

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.

Please check this box if you are a minority-owned or woman-owned business

Under penalties of perjury, I declare this return (and accompanying documentation) to be true, correct and complete. I authorize the Commissioner of Revenue or delegate to discuss this tax return and accompanying documentation with my preparer  YES  NO

Signature of Taxpayer

Print Name

Date

Phone

Visit our website at [www.kcmo.org/finance.nsf/web/forms](http://www.kcmo.org/finance.nsf/web/forms) for all Revenue forms