

BUSINESS LICENSE APPLICATION

Flat Rate

City of Kansas City, Missouri
Revenue Division

Phone
(816) 513-1135

**RD-103
(11/07)**

Period From:

Period To:

Legal Name:

EIN:

Mailing Address:

Account ID:

DBA Name:

SIC Code:

Business Address:

Please call (816) 513-1135 if there is a change in name, address or FEIN/SSN

Please print numbers carefully as shown and avoid contact with the edges of the box. Do not use dollar signs.

0	1	2	3	4	5	6	7	8	9
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Business Licenses expire December 31st of each year. To avoid penalty pay before March 1.

Table Number (see instructions) _____

1. Fee calculation - Enter flat fee and/or flat rate values (from tables)

a. Units for full year (if not applicable enter 1) _____

b. Units part year (if proratable) _____ x # months _____ divided by 12 = _____

c. Total units (1a + 1b)
(Amended returns should include totals, not just additional units.)

d. Qualifier (if not applicable, enter 1)

1c.																				
1d.																				

e. Flat rate or Line 1c _____ x rate per unit \$ _____

	DOLLARS					CENTS														
1e.																				
2.																				
3.																				
4.																				

5. If business closed prior to January 1, ENTER DATE BUSINESS CLOSED

		/			/						
M	M		D	D		Y	Y				

2. Penalty: 10% of line 1e, if paid on or after March 1, plus 2% per month for subsequent months (maximum penalty is 30%)

3. Annual fee due (sum of lines 1e and 2)

4. Amount Paid

5. If business closed prior to January 1, ENTER DATE BUSINESS CLOSED

6. "X" box 6 if amended (line 1a and 1b must be completed)

ATTACH ALL REQUIRED CLEARANCES (WORKERS' COMP REQUIRED OF CONSRUCTION APPLICANTS)

7. For office use only: "X" if Workers' Comp clearance attached

Make check payable to: CITY TREASURER DO NOT SEND CASH Mail to PO box 15623 Kansas City, MO 64106-0623

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

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer. Yes No

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

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



Instructions for Filing Business License Application Flat Rate

Phone (816) 513-1135
RD-103A

(Rev. 11/07)

Businesses whose license fees are based on a flat rate are required to complete form RD-103 for the current year to obtain a business license. To avoid delays in processing, use forms provided or forms approved by the Revenue Division of the City of Kansas City, MO.

General Instructions

- The following information must be entered on both forms **(IF YOU NEED CHANGES OR CORRECTIONS MADE TO THE FORMS SENT TO YOU, PLEASE CONTACT THE BUSINESS LICENSE SECTION AT (816) 513-1135)**
 - Taxable period (calendar year only)
 - SIC/NAIC Code (if known)
 - Business name and location
 - Date business started (if new business in the previous year)
 - FEIN/SSN
 - Missouri Sales Tax Number (required for retail sales)
 - Mailing address
 - Table number used
- All new businesses and businesses that have relocated are required to obtain zoning clearances prior to issuance of business licenses. All required clearances must be attached to Business License Application.** For information on zoning requirements, contact the Development Services, Permit Division, 5th floor, City Hall, (816) 513-1500. Construction businesses must attach a copy of their certificate for workers' compensation coverage or a copy of Missouri Form WC-65-B, if exempted from coverage. Other clearances may be required.
- The following may delay issuance of your business license:**
 - Failure to furnish required information
 - Calculation error
 - Failure to attach proper clearances
 - Incorrect payment amount (i.e., failure to include penalty)
 - Failure to pay other city taxes
 - Failure to use forms approved by the Revenue Division
- When and where to file:**
Form RD-103 is due prior to **March 1st** of each year for businesses operating the full year. New businesses are required to file form RD-103 prior to operating. Tax returns may be filed in person with the Revenue Division, 414 East 12th Street, 2nd Floor-East, Kansas City, Missouri. Mail completed returns and checks to: Revenue Division, P.O. Box 15623, Kansas City, MO 64106-0604. Please use forms approved by the Revenue Division of the City of Kansas City, Missouri.
- Penalty provisions:**
 - A late charge of 10% of the amount due shall apply on March 1st and 2% of the original fee shall apply the first of each month thereafter (maximum 30%) until paid in full. New businesses, which have not filed are subject to the 10% penalty on the 61st day of business and to the additional 2% penalty each month thereafter.
 - False statements causing a reduction in fee will result in an 8% per annum interest charge on the unpaid fee from the due date of the original payment until paid in full.
- New businesses operating less than a full twelve (12) months may prorate fees over \$5.00 (if applicable).**
Computation: Annual fee divided by 12, multiplied by the number of months in operation (partial month equals 1).

To determine fee due:

For SIC Code entered on form RD-103, locate corresponding table number in code table. Enter the table number used on Form RD-103, then go to specified fee table. **Note:** Taxi, tow truck, auto, livery, etc., use lines 1a and 1b to compute fee for additional units.

Form RD-103 Instructions-Flat Rate

RETURNS FILED ON MARCH 1ST OR AFTER MAY NOT APPLY A CREDIT AND WILL NOT BE ELIGIBLE FOR A REFUND

- Line 1. a. Enter number of units (if not applicable, enter 1).
b. Enter number of units for partial year, multiplied by number of months, and divided by 12.
c. Enter sum of lines 1a and 1b. If additional units are being licensed for partial year, check line 6.
d. Enter qualifier number from fee table.
e. Enter flat rate fee from fee table or multiply total units by rate per unit.
- Line 2. If filed after March 1st of the current year, calculate penalty and enter amount due.
- Line 3. Enter annual fee due (sum of lines 1e and 2), prorate if applicable.
- Line 4. Enter amount paid.
- Line 5. Check if this is an amended return (lines 1a and 1b must be completed).

ATTACH ALL REQUIRED CLEARANCES

RD-103 CODE TABLE

SIC CODE	TABLE	CLEARANCE
7510	28	
7830	109	1
17950	18	2
40110	26	
40111	18	3
41110	112	
41190	72	3
41191	52	
41210	72	3
41310	112	3
42310	42	3
45810	16	
47241	18	
47890	16	
48220	7	
50311	61	
50521	16	
51480	53	
53991	18	
54992	52	4
54993	52	4
54994	53	4
54995	74	4
55991	16	
59321	25	3,5
59630	78	
59631	3	
59633	15	
59634	18	4
59637	112	
59638	78A	
59891	16	

SIC CODE	TABLE	CLEARANCE
59940	15	
62892	11	
63110	79	
63610	79	
70210	16	
72511	48	
72611	15	
72612	24	
72992	16	
72993	18	6
72994	119	3
72995	123	3
73190	66	
73191	112	
73591	16	
73592	18	
73593	23	3,7
73594	26	
73595	84	
73596	14	
73810	81	5
73811	126	5
73812	82	5
73892	16	
73893	16	
73894	20	
73895	20	
73896	25	
73897	26	
73898	89	
75490	42A	3
76992	106	4

SIC CODE	TABLE	CLEARANCE
78320	56	3
79111	20	3
79221	18	
79222	19	
79411	15	
79480	100	3
79930	75	3
79931	92	3
79932	101	
79993	124	3
79994	124	3
79995	75	3
79996	20	3
79999	123	3
80620	20	
80690	20	4
82491	113	5
82492	19	1,5
82493	91	
84120	20	3
84220	20	
87110	127	
87120	121	
87130	16	
87210	120	
99990	113	3
99993	13	
99997	89	3,6

Clearance Legend

1 = Certificate of Liability Insurance (513-1135)
 2 = Development Services (513-1500)
 3 = Business License Section (513-1135)
 4 = Health Department, Food Service (513-6315)

5 = Police Department (234-5000)
 6 = Animal Control (513-9800)
 7 = Location Report (513-1135)

All new businesses and businesses that have relocated are required to obtain zoning clearance prior to issuance of a business license. For zoning information, call 513-1500. Construction businesses must also attach a copy of their certificate for workers' compensation coverage or a copy of Missouri Form WC-65-B, if exempted from coverage.