

REGISTRATION APPLICATION

RD-100

REV. 09/10

CITY OF KANSAS CITY, MISSOURI
FINANCE DEPARTMENT
REVENUE DIVISION
1118 OAK STREET
KANSAS CITY, MO 64106-2786

(816) 513-1135 (Telephone)
(816) 513-1264 (Fax)

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

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|--|---|--|---|
| <input type="checkbox"/> Business License Account | <input type="checkbox"/> C & T - Hotel Account
<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
<input type="checkbox"/> Liquor Sales (Check if Applicable) | <input type="checkbox"/> Withholding Account | <input type="checkbox"/> Arena (Car Rental)

<input type="checkbox"/> Arena (Hotel/Motel) |

SOCIAL SECURITY / FEDERAL ID NUMBER	MISSOURI SALES TAX NUMBER
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INDIVIDUAL'S LEGAL NAME OR BUSINESS LEGAL NAME	BUSINESS NAME
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MAILING ADDRESS	City	State	Zip code
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LOCAL BUSINESS ADDRESS (IF ANY)	City	State	Zip code
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BUSINESS TELEPHONE NUMBER	LOCAL BUSINESS TELEPHONE	CONTACT NAME
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GENERAL INFORMATION

<u>Type of Organization</u>	<u>Type of Business</u>	<u>Classification of Business</u>
<input type="checkbox"/> Corporation <input type="checkbox"/> Trust/Association <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <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 (Nonresident employers)

DATE OF INCORPORATION (IF APPLICABLE)	STATE OF INCORPORATION (IF APPLICABLE)
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KCMO BUSINESS START DATE	FISCAL YEAR-END DATE	NUMBER OF EMPLOYEES LIVING OR WORKING IN KCMO
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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

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

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

Visit our website at www.kcmo.org/revenue for more revenue forms and instructions

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 (to see the list click on Exemptions). 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 http://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) http://ww4.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) 889-2944 http://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 http://dor.mo.gov
FEDERAL EMPLOYERS ID NUMBER	INTERNAL REVENUE SERVICE (IRS) 1-800-829-4933 http://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 http://www.kcmo.org/CKCMO/Business/index.htm
HEALTH PERMIT Required of all food establishments	KANSAS CITY, MO HEALTH DEPT. 2400 Troost Ave., Suite 3000 Kansas City, MO 64108 (816) 513-6315 http://www.kcmo.org/CKCMO/Depts/Health/index.htm
Worker’s 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 Ste 2104 Kansas City, MO 64106 816-889-6600

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