

**BUSINESS LICENSE APPLICATION**

**Flat Rate**

City of Kansas City, Missouri  
Revenue Division

Phone  
(816) 513-1135

**RD-103**  
**(Rev 09/10)**

Period From:

Period To:

Legal Name:

FEIN/SSN:

Mailing Address:

Account ID:

DBA Name:

SIC Code:

Business Address:

**For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1135.**

**BUSINESS LICENSE EXPIRES DECEMBER 31 OF EACH YEAR.  
TO AVOID PENALTY PAY BEFORE MARCH 1.**

Table Number (see last page of instruction booklet) \_\_\_\_\_

**1. Fee calculation - Enter flat fee and/or flat rate values (from RD103 Flat Fee table)**

Missouri Sales Tax No. \_\_\_\_\_

a. Units for full year (if not applicable enter \_\_\_\_\_ and/or \_\_\_\_\_)

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.			/			/														
	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" if amended (line 1a and 1b must be completed)**

6.

**ATTACH ALL REQUIRED CLEARANCES**

**Make check payable to: CITY TREASURER. DO NOT SEND CASH Mail to Revenue Division, PO Box 804103 Kansas City, MO 64180-4103**

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 \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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

35764



## Instructions for Filing Business License Application Flat Rate

**RD-103A**  
(Rev. 09/10)

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

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

- If you need changes or corrections made to the forms sent to you, please contact the Business License Section at (816) 513-1135. The following information must be entered on this form:
  - Taxable period (calendar year only)
  - SIC 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 businesses located in Kansas City, Missouri must obtain a Zoning Clearance prior to the issuance of a business license. A change in address or relocation within Kansas City, Missouri city limits requires the issuance of a new zoning clearance prior to issuance of a business license. All required clearances must be attached to the 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
  - No tax due letter from STATE of MISSOURI (if applicable)
  - 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 1 of each year for businesses operating the full year. New or first time Kansas City, Missouri Business License purchasers must only file the RD-103 prior to operation. Additionally, a new/first time Business License purchaser must complete and submit a Registration Application form RD-100 with the RD-103. Tax returns may be filed in person with the Kansas City's Business Customer Service Center, 1118 Oak Street, Kansas City, Missouri.  
  
Mail completed return and check to Revenue Division, P.O. Box 804103, Kansas City, MO 64180-4103.
- Penalty provisions:  
A late charge of 10% of the amount due shall apply on March 1 and 2% of the original fee shall apply the first of each month thereafter (maximum 30%) until paid in full. New businesses that have not filed are subject to the 10% penalty on the 61<sup>ST</sup> day of business and to the additional 2% penalty each month thereafter.
- 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

- 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 1 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	SIC CODE	TABLE	CLEARANCE	SIC CODE	TABLE	CLEARANCE
7510	28		59940	15		79111	20	3
7830	109	1	62892	11		79221	18	
17950	18	2	63110	79		79222	19	
40110	26		63610	79		79411	15	
40111	18	3	70210	16		79480	100	3
41110	112		72511	48		79930	75	3
41190	72	3	72611	15		79931	92	3
41191	52		72612	24		79932	101	
41210	72	3	72992	16		79993	124	3
41310	112	3	72993	18	6	79994	124	3
42310	42	3	72994	119	3	79995	75	3
45810	16		72995	123	3	79996	20	3
47241	18		73190	66		79999	123	3
47890	16		73191	112		80620	20	
48220	7		73591	16		80690	20	4
50311	61		73592	18		82491	113	5
50521	16		73593	23	3,7	82492	19	1,5
51480	53		73594	26		82493	91	
51420	128		73595	84		84120	20	3
53991	18		73596	14		84220	20	
54992	52	4	73810	81	5	87110	127	
54993	52	4	73811	126	5	87120	121	
54994	53	4	73812	82	5	87130	16	
54995	74	4	73892	16		87210	120	
55991	16		73893	16		99990	113	3
59321	25	3,5	73894	20		99993	13	
59630	78		73895	20		99997	89	3,6
59631	3		73896	25				
59633	15		73897	26				
59634	18	4	73898	89				
59637	112		75490	42A	3			
59638	78A		76992	106	4			
59891	16		78320	56	3			

### Clearance Legend

1 = Certificate of Liability Insurance (513-1135)	5 = Police Department (234-5000)
2 = Development Services (513-1500)	6 = Animal Control (513-9800)
3 = Business License Section (513-1135)	7 = Location Report (513-1135)
4 = Health Department, Food Service (513-6315)	

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.

**RD-103 FEE TABLES**

7	For gross receipts, use line 1e
	Minimum      Maximum      Flat Fee
	\$0.00          \$50,000.00      \$625.00
	\$50,000.00      None              \$1,250.00

8	Use line 1e      FLAT FEE = \$3.00
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11	Use line 1e      FLAT FEE = \$100.00
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13	Use line 1e      FLAT FEE = \$15.00
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14	Use line 1e      NUMBER OF AMUSEMENT DEVICES X \$1.50
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15	Use line 1e      FLAT FEE = \$25.00
----	-------------------------------------

16	Use line 1e      FLAT FEE = \$32.00
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18	Use line 1e      FLAT FEE = \$62.50
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19	Use line 1e      FLAT FEE = \$75.00
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20	Use line 1e      FLAT FEE = \$125.00
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23	Use line 1e      FLAT FEE = \$250.00
----	--------------------------------------

24	Use line 1e      FLAT FEE = \$312.00
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25	Use line 1e      FLAT FEE = \$375.00
----	--------------------------------------

26	Use line 1e      FLAT FEE = \$625.00
----	--------------------------------------

28	Use line 1e      FLAT FEE = \$1250.00
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42	Use line 1a NBR OF TRUCKS X \$9.50
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42A	Use line 1a NBR OF TOW TRUCKS X \$25.00
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48	Use line 1a NBR OF CHAIRS OR SEATS X \$3
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52	Use line 1a NBR OF VEHICLES X \$18.75
----	--

53	Use line 1a NBR OF VEHICLES X \$32
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56	For 0 to 2000 seats, use line 1e and put qualifier '1' on line 1d ** Price Per Seat - Excluding Sales Tax **
	Minimum      Maximum      Flat Rate
	\$0.00          \$0.15          \$50
	0.16          0.25          100
	0.26          0.35          150
	0.36          0.50          200
	0.51          1.49          300
	\$1.50          none          \$750

56 cont.	For 2000 to 3000 seats, use line 1e and put qualifier '2' on line 1d ** Price Per Seat - Excluding Sales Tax **
	Minimum      Maximum      Flat Rate
	\$0.00          \$0.15          \$50
	0.16          0.25          100
	0.26          0.35          150
	0.36          0.50          200
	0.51          1.49          400
	\$1.50          none          \$750
	For over 3000 seats, use line 1e and put qualifier '3' on line 1d ** Price Per Seat - Excluding Sales Tax **
	Minimum      Maximum      Flat Rate
	\$0.00          \$0.15          \$50
	0.16          0.25          100
	0.26          0.35          150
	0.36          0.50          200
	0.51          1.49          500
	\$1.50          none          \$750

61	Use line 1a      NBR OF CARS X \$0.35 (\$30 minimum)
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66	If handbill is issued yearly, use line 1a and put qualifier '1' on line 1d Flat Rate = \$125
	If handbill is issued weekly, use line 1a and put qualifier '2' on line 1d NBR of WEEKS x \$12.50
	If handbill is issued daily, use line 1a and put qualifier '3' on line 1d NBR of DAYS x \$3
	If handbill for local merchant, use line 1a and put qualifier '4' on line 1d Flat rate = \$1

72	Use line 1a NBR OF VEHICLES X \$12.50
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74	If powerdrawn vehicles, use line 1a and put qualifier '1' on line 1d NBR VEHICLES X \$45
	If hand-drawn vehicles, use line 1a and put qualifier '2' on line 1d NBR VEHICLES X \$18.75

75	Use line 1a NBR OF DEVICES X \$15
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78	Use line 1a NBR OF VEHICLES X \$32
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78A	For yearly business, use line 1a and put qualifier '1' on line 1d Flat Rate = \$62.50
	For monthly business, use line 1a and put qualifier '2' on line 1d NBR OF MONTHS X \$6.25

## RD-103 FEE TABLES

79	For multiple line insurance, use line 1e and put qualifier '1' on line 1d Flat Rate = \$200
	For fire insurance, use line 1e and put qualifier '2' on line 1d Flat Rate = \$200.
	For casualty insurance, use line 1e and put qualifier '3' on line 1d Flat Rate = \$100
	For life insurance, use line 1e and put qualifier '4' on line 1d Flat Rate = \$100
	For other insurance, use line 1e and put qualifier '5' on line 1d Flat Rate = \$100

81	Use line 1a, enter number of persons For 0 to 5 persons, Flat Rate = \$125 For over 5 persons, Flat Rate = \$250
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82	Use line 1a, enter number of persons For 0 to 10 persons, Flat Rate = \$95 For 11 to 20 persons, Flat Rate=\$187.50 For over 20 persons, Flat Rate=\$312.50
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84	Use line 1e FLAT FEE = \$250.00
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89	Use line 1e FLAT FEE = \$37.50
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91	Use line 1a, enter number of aircraft For 0 to 20 aircraft, Flat Rate = \$32 For over 20 aircraft, Flat Rate = \$62.50
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92	Use line 1a NBR OF AMUSEMENT DEVICES x MONTHS x \$1.50
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100	Use line 1e Flat Rate = \$52.50 PLUS NBR OF DAYS x \$12.50
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101	Use line 1a NBR OF MACHINES X \$75
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106	Use line 1a, enter number of vehicles NBR OF VEHICLES X \$100
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109	Use line 1e FLAT FEE = \$50.00
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112	Use line 1e FLAT FEE = \$1.00
-----	-------------------------------

113	Use line 1e FLAT FEE = \$10.00
-----	--------------------------------

119	Use line 1e FLAT FEE = \$300.00
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120	For 1 resident accountant, use line 1e and put qualifier '1' on line 1d 1 or less assoc accountants, Flat Rate = \$50 1 to 3 assoc accountants, Flat Rate = \$75 3 to 6 assoc accountants, Flat Rate = \$125 6 or more assoc accountants, Flat Rate = \$150
120 cont.	For 2 or more resident accountants, use line 1e and put qualifier '2' on line 1d Flat Rate = \$150

121	For 1 resident architect, use line 1e and put qualifier '1' on line 1d 1 or less draftsmen or associates, Flat Rate = \$50 1 to 3 draftsmen or associates, Flat Rate = \$75 3 to 6 draftsmen or associates, Flat Rate = \$125 6 or more draftsmen or associates, Flat Rate = \$150
	For 2 or more resident architects, use line 1e and put qualifier '2' on line 1d Flat Rate = \$150

123	For itinerant, use line 1e and put qualifier '1' on line 1d Flat Rate = \$25 PLUS NBR of attendants or operators x \$12.50
	For fixed location, use line 1e and put qualifier '2' on line 1d Flat Rate = \$25 PLUS NBR of attendants or operators x \$6.25

124	Use line 1a NBR OF POOL TABLES X \$10.00
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126	Use line 1e FLAT FEE = \$50
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127	For 1 resident engineer, use line 1e and put qualifier '1' on line 1d 1 or less assoc engineer or draftsmen, Flat Rate = \$50 1 to 3 assoc engineer or draftsmen, Flat Rate = \$75 3 to 6 assoc engineer or draftsmen, Flat Rate = \$125 6 or more assoc engineer or draftsmen, Flat Rate = \$150
	For 2 or more resident engineers, use line 1e and put qualifier '2' on line 1d Flat Rate = \$150

128	Use line 1a enter number of stores Use Line 1e number of stores x \$650
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# 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).**

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

<p style="text-align: center;"><u><b>Type of Organization</b></u></p> <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: _____	<p style="text-align: center;"><u><b>Type of Business</b></u></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Finance</td> </tr> <tr> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Real Estate</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Service</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Hotel/Motel</td> </tr> <tr> <td><input type="checkbox"/> Governmental</td> <td># of rooms: _____</td> </tr> <tr> <td><input type="checkbox"/> Restaurant</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> </table>	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Finance	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Governmental	# of rooms: _____	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other, specify: _____	<p style="text-align: center;"><u><b>Classification of Business</b></u></p> <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)
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Finance													
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Real Estate													
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service													
<input type="checkbox"/> Construction	<input type="checkbox"/> Hotel/Motel													
<input type="checkbox"/> Governmental	# of rooms: _____													
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other, specify: _____													

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](http://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.

<b>Requirement</b>	<b>Office Location</b>
<b>FORM RD-100 REGISTRATION APPLICATION</b> Required of all businesses operating in Kansas City, MO	<b>KANSAS CITY, MO REVENUE DIVISION BUSINESS LICENSE SECTION</b> 1118 Oak Street Kansas City, MO 64106 (816) 513-1135
<b>ZONING CLEARANCE</b> Required of all new and existing businesses with a change in a Kansas City, Missouri address	<b>BizCare/KANSAS CITY, MO CITY PLANNING AND DEVELOPMENT DEPARTMENT</b> 1118 Oak Street Kansas City, MO 64106 (816) 513-1500 or 816-513-BIZC(2492)
<b>CERTIFICATE OF INCORPORATION/ORGANIZATION</b> Required for limited liability companies, (LLC), corporations, limited partnerships, non-profit organizations <b>Missouri Sales Tax Number</b> (retail sales)	<b>STATE OF MO – SECRETARY OF STATE</b> 615 East 13th St., 1st Floor, Room 127 Kansas City, MO 64106 (816) 889-2944
<b>FEDERAL EMPLOYERS ID NUMBER</b>	<b>INTERNAL REVENUE SERVICE (IRS)</b> 1-800-829-4933
<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. Examples are taxi and/or limousine companies, salvage dealers, etc....	<b>KANSAS CITY, MO REGULATED INDUSTRIES CENTURY TOWERS</b> 635 Woodland, Suite 2101 Kansas City, MO 64106 (816) 784-9000
<b>HEALTH PERMIT</b> Required of all food establishments	<b>KANSAS CITY, MO HEALTH DEPT.</b> 2400 Troost Ave., Suite 3000 Kansas City, MO 64108 (816) 513-6315
<b>Worker’s Compensation Certificate of Insurance or Form MO-WC65B (Exemption) or Form MO-WC76 Certificate of Insurer</b> Required of construction based companies	<b>Applicant’s Insurance Company</b>
<b>KCMO Police Clearance</b> (Required for all security guard service businesses & Private Investigators)	<b>Private Officers Licensing Section</b> 635 Woodland Ste 2104 Kansas City, MO 64106 816-899-6600

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