

**FORM RD-C3**  
(02/16)

City of Kansas City, Missouri - Revenue Division  
**TAX CLEARANCE REQUEST FORM**



KANSAS CITY  
MISSOURI

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

Federal ID (FEIN)/Social Security Number (SSN)		
Business Name		
Address (include City, State & Zip)		
<input type="checkbox"/> Check this box if you wish to receive this letter by fax		
Fax Number		
<input type="checkbox"/> Check this box if you wish to receive this letter by email		
Email Address		
Request Submitted by (Print Name)		Title (If Applicable)
Signature	Phone Number	Date

**PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING**

**PLEASE SEND COMPLETED FORM(S) TO:**

Kansas City's Business License Office, 1118 Oak St. Kansas City, MO 64106