

FORM RD-100

City of Kansas City, Missouri - Revenue Division

REGISTRATION APPLICATION



KANSAS CITY
MISSOURI

Phone: (816) 513-1120

E-File: kcmo.gov/quicktax

Fax: (816) 513-1264

Email: Business.License@kcmo.org

ADD NEW OR UPDATE EXISTING ACCOUNTS (check all that apply)

<input type="checkbox"/> Business License	<input type="checkbox"/> Convention & Tourism-Hotel	<input type="checkbox"/> Utilities License: Cable Company
<input type="checkbox"/> Profits	<input type="checkbox"/> Liquor Sales (If yes, check box)	<input type="checkbox"/> Utilities License: Wireless Telephone Company
<input type="checkbox"/> Withholding	<input type="checkbox"/> Convention & Tourism-Food	<input type="checkbox"/> Utilities License: Telephone Company
<input type="checkbox"/> Arena (Hotel/Motel)	<input type="checkbox"/> Liquor Sales (If yes, check box)	<input type="checkbox"/> Utilities License: Gas, Electric, or Steam Company
<input type="checkbox"/> Arena (Car Rental)	<input type="checkbox"/> Domestic Employer	<input type="checkbox"/> Short-Term Rentals

SOCIAL SECURITY/FEDERAL ID NUMBER	MISSOURI SALES TAX NUMBER
-----------------------------------	---------------------------

LEGAL NAME (INDIVIDUAL OR BUSINESS)	BUSINESS NAME (DBA)
-------------------------------------	---------------------

LOCAL BUSINESS ADDRESS (IF ANY)	CITY	STATE	ZIP CODE
---------------------------------	------	-------	----------

MAILING ADDRESS	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

BUSINESS PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	CONTACT NAME
-----------------------	------------	---------------	--------------

Type	Type of Business		Classification of Business
<input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Retail Trade <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Plant located in KCMO (If yes, check box) <input type="checkbox"/> Construction <input type="checkbox"/> Governmental <input type="checkbox"/> Short-Term Rentals	<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 non-profit, attach copy of exemption certificate) <input type="checkbox"/> Voluntary Withholding Only (Non resident Employers)

DATE OF INCORPORATION	STATE OF INCORPORATION	NUMBER OF EMPLOYEES LIVING/WORKING IN KCMO
-----------------------	------------------------	--

KCMO START DATE	FISCAL YEAR END	NAICS CODE (IF KNOWN)
-----------------	-----------------	-----------------------

Operations are limited to World Cup related activities. Operations will cease after the event concludes.

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

Mail to: Business License Office, 414 E. 12 St. 1st Floor, Kansas City, MO 64106

I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer.

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

Yes No

Print Name of Taxpayer Signature Title Date Phone

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

FORM RD-100

City of Kansas City, Missouri - Revenue Division REGISTRATION APPLICATION



Phone: (816) 513-1120
Fax: (816) 513-1264

E-File: kcmo.gov/quicktax
Email: Business.License@kcmo.org

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. New businesses may be required to meet the following requirements prior to the issuance of a 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, Missouri.	KANSAS CITY, MO REVENUE DIVISION BUSINESS LICENSE SECTION 414 E. 12th St. 1st Floor, Kansas City, MO 64106 (816) 513-1120 kcmo.gov/quicktax
ZONING CLEARANCE Required of all new and existing businesses with a change in a Kansas City, Missouri address.	KANSAS CITY, MO CITY PLANNING AND DEVELOPMENT DEPARTMENT 414 E. 12th St. 5th Floor, Kansas City, MO 64106 (816) 513-1500 kcmo.gov/planning
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 FL, RM 513, Kansas City, MO 64106 (816) 889-2925 sos.mo.gov/business
MISSOURI SALES TAX NUMBER (Retail Sales) Required if you will sell retail in the city limits of Kansas City, Missouri FORM 2643	MISSOURI DEPARTMENT OF REVENUE www.dor.mo.gov or www.mytax.mo.gov
FEDERAL EMPLOYERS ID NUMBER (EIN)	INTERNAL REVENUE SERVICE (IRS) (800) 829-4933 irs.gov
HEALTH PERMIT Required of all food establishments	KANSAS CITY, MO HEALTH DEPARTMENT 2400 Troost Ave., STE 3000, Kansas City, MO 64108 (816) 513-6315 kcmo.gov/health
KCMO POLICE CLEARANCE Required for all security guard service & private investigator businesses	PRIVATE OFFICERS LICENSING SECTION 635 Woodland, STE 2104, Kansas City, MO 64106 (816) 889-6600
ANIMAL CLEARANCE Required for all pet handling	KANSAS CITY CAMPUS FOR ANIMAL CARE 7707 Elmwood Kansas City, MO 64132 816-513-9800 ASD@kcmo.org
CITY BIDS/ CONTRACTS Required if business is being done within the City limits of KCMO	KANSAS CITY, MO GENERAL SERVICES PROCUREMENT 414 E 12th St., 1st FL, Kansas City, MO 64106
SHORT-TERM PERMIT Required for STR (Short-Term Rentals) No walk-ins, appointment only	NEIGHBORHOOD DEPARTMENT 635 Woodland Ave., Suite 2101, Kansas City, MO 64106 816-513-3226 https://compasskc.kcmo.org/EnerGov

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

FORM RD-100STR

City of Kansas City, Missouri - Revenue Division

Short-Term Rentals Supplemental Form



KANSAS CITY
MISSOURI

Phone: (816) 513-1120

E-file: kcmo.gov/quicktax

LEGAL NAME(BUSINESS OR INDIVIDUAL)	SOCIAL SECURITY/FEDERAL ID NUMBER
------------------------------------	-----------------------------------

1. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

2. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

3. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

4. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

5. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

6. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

7. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

8. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

9. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------

10. PROPERTY NAME

PROPERTY LOCATION	CITY	STATE	ZIP CODE
-------------------	------	-------	----------