City of Kansas City, Mo.
Neighborhoods and Housing Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106
(816) 513-4561

Non-profit organization registration

Please type or print the following information

Applicant's name _____

Non-profit organization name _____ Phone _____

Non-profit organization address _____
Street City State ZIP

1. I am applying for the following

[ ] New registration of this non-profit organization [ ] change of registered agent [ ] transfer of location

[ ] other _____

2. In which City Council District is the non-profit organization located? _____

3. Is the non-profit organization within 300 feet of a church or school? [ ] yes [ ] no

4. Registered Agent's name _____ E-mail address _____

Home phone _____ Work phone _____ Mobile phone _____

Address _____
Street City State ZIP

5. Property owner's name _____ E-mail address _____

Home phone _____ Work phone _____ Mobile phone _____

Address _____
Street City State ZIP

---------- If the business is a **corporation**, complete this section ----------

6. Name of corporation _____

State of incorporation _____ Date of incorporation _____

7. List the names and titles of all corporate officers (attach additional sheet if necessary)

_____

_____

_____

---------- If the business is a **limited liability company**, complete this section ----------

9. Name of limited liability company _____

State of organization _____ Date of organization _____

10. List the names of all members and percentages of each LLC member's interest (attach additional list if necessary)

_____

_____

_____

---------- If the business is a **partnership**, complete this section ----------

11. List names of general and limited partners, and the number of units owned by each (attach additional list if necessary)

_____

_____

_____

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

_____ _____

Applicant's signature Date

Office use only – Do not write in space below

----------Investigator----------

This application is hereby [ ] recommended for approval [ ] recommended for disapproval

Reason(s) for recommendation of approval/disapproval of license (if any) _____

_____

_____

_____ _____

Regulated Industries Division investigator Date

----------Investigations supervisor ----------

This application is hereby [ ] recommended for approval [ ] recommended for disapproval

Reason(s) for recommendation of approval/disapproval of license (if any) _____

_____

_____

_____ _____

Regulated Industries Division investigations supervisor Date

----------Assistant manager ----------

This application is hereby [ ] recommended for approval [ ] recommended for disapproval

Reason(s) for recommendation of approval/disapproval of license (if any) _____

_____

_____

_____ _____

Regulated Industries Division assistant manager Date

----------Manager ----------

This application is hereby [ ] approved [ ] disapproved

Reason(s) for approval/disapproval of license (if any) _____

_____

_____ _____

Regulated Industries Division manager Date