



## MUNICIPAL LOCAL OPTION TAX PERMIT APPLICATION

THE CITY OF DONNELLY  
169 Halferty Street  
P.O. Box 725  
Donnelly, ID 83615  
Telephone (208) 325-8859

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_  
(if different)

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Type of Ownership: Individual  Co-Partnership   
Corporation  Limited Liability Company   
Other (specify) \_\_\_\_\_

Name of Owner (or registered agent): \_\_\_\_\_

Mailing Address of Owner (or registered agent): \_\_\_\_\_

Type of Business: (Please Specify) \_\_\_\_\_

State of Idaho Sales Tax Permit Number: \_\_\_\_\_

Idaho Food Permit-License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Issuing County: \_\_\_\_\_

The Undersigned hereby makes application for a Local-Option Non- Property Municipal Tax Permit as required pursuant to City of Donnelly Ordinance No. 215.

The Undersigned agrees to collect a one percent (1%) tax on all sales at retail subject at taxation under Idaho Code 63-3601, et seq., Idaho Sales Tax Act.

The Undersigned further agrees to file a Local-Option Non-Property Municipal Tax Return for each and every month, or quarter if authorized by the Idaho State Tax Commission and the City of Donnelly. It is agreed that the Municipal Tax return will be set up for monthly reporting unless this application is accompanied by Idaho State Tax Commission authorization for quarterly reporting. Temporary Vendors will complete the Municipal Tax Return at the conclusion of the event.

The Undersigned further agrees to remit the above tax collected on all transactions subject to taxation pursuant to City of Donnelly Ordinance No. 215 together with the required Municipal Tax Return to the office of the City Clerk of the City of Donnelly on or before the 20<sup>th</sup> day of the month following the report period.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date