



MUNICIPAL LOCAL OPTION TAX PERMIT APPLICATION

THE CITY OF DONNELLY
169 Halferty Street
P.O. Box 725
Donnelly, ID 83615
Telephone (208) 325-8859 Fax (208) 325-4091

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. 247.

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. 247 together with the required Municipal Tax Return to the office of the City Clerk of the City of Donnelly on or before the 20th day of the month following the report period.

Signature of Applicant

Date