



CITY OF RIGGINS

P.O. Box 249, Riggins, Idaho 83549

Office: (208) 628-3394; Fax (208) 628-3792

rigginscity@gmail.com

MUNICIPAL TAX PERMIT APPLICATION

BUSINESS NAME:	OWNER NAME:
PHYSICAL ADDRESS:	OWNER PHYSICAL ADDRESS:
MAILING ADDRESS:	OWNER MAILING ADDRESS:
PHONE:	E-MAIL:

TYPE OF BUSINESS:

<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Home/Vacation Rental	<input type="checkbox"/> Condominium
<input type="checkbox"/> Campground/RV Court	<input type="checkbox"/> Grocery Store/Market	<input type="checkbox"/> Vendor (\$100 Deposit Required)
<input type="checkbox"/> Catering/Food Service	<input type="checkbox"/> Bar/Restaurant	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Property Management	<input type="checkbox"/> Outfitter/Guide	<input type="checkbox"/> Retail Store

IDAHO STATE SALES TAX NUMBER: _____

IDAHO FOOD PERMIT-LICENSE NUMBER: _____

Effective Date: _____ Issuing County: _____

TYPE OF OWNERSHIP: INDIVIDUAL CORPORATION
 CO-PARTNERSHIP OTHER

The Undersigned hereby makes application for a Local-Option Non-Property Municipal Tax Permit as required pursuant to City of Riggins Ordinance No. 220.

The Undersigned agrees to collect a two percent (2%) tax on all rents or leases for temporary lodging of less than thirty (30) days, and on all sales of alcohol by the drink and prepared meals, and one percent (1%) on all other taxable retail sales as defined in Section 2 of City of Riggins Ordinance No. 220.

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 Riggins. 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 Riggins Ordinance No. 220, together with the required Municipal Tax Return to the office of the City Clerk of the City of Riggins on or before the 20th day of the month following the report period.

 Authorized Signature _____
 Date

QUARTERLY REPORTING REQUESTED – Idaho Tax Commission Authorization Attached