

## **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:	
Hotel/Motel Home/Vacation	n Rental Condominium
Campground/RV Court Grocery Store/	Market Vendor (\$100 Deposit Required)
Catering/Food Service Bar/Restauran	t Gift Shop
Property Management Outfitter/Guide	Retail Store
IDAHO STATE SALES TAX NUMBER:	
IDAHO FOOD PERMIT-LICENSE NUMBER:	
Effective Date: Issuing County:	
TYPE OF OWNERSHIP:   INDIVIDUAL	CORPORATION
☐ C0-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 20 <sup>th</sup> day of the month following the report period.	
Authorized Signature	Date