



CITY OF HARRISON

P.O. Box 73, Harrison, Idaho 83833
Office: (208) 689-3212

LOCAL-OPTION NON-PROPERTY 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"/> Motel | <input type="checkbox"/> Campground/RV Court | <input type="checkbox"/> Bar/Restaurant |
| <input type="checkbox"/> Catering/Food Service | <input type="checkbox"/> Grocery Store/Market | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Short Term Rental/Air BnB | |

IDAHO STATE SALES TAX NUMBER: _____

IDAHO FOOD PERMIT-LICENSE NUMBER: _____

Effective Date: _____ Issuing County: _____

TYPE OF OWNERSHIP: Individual Co-Partnership
 Corporation Other

The undersigned hereby makes application for a Local-Option Non-property Municipal Tax Permit as required pursuant to City of Harrison Ordinance No. 489.

The undersigned agrees to collect a one percent (1%) tax on all lodging rentals, short-term rentals/air bnbs, liquor by the drink, prepared meals, and all other taxable retail sales, except for groceries as defined in Section 2 of City of Harrison Ordinance No. 489.

The undersigned further agrees to file 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 Harrison. It is agreed that the Municipal Tax returned will be set up for monthly reporting unless this application is accompanied by Idaho State Tax Commission authorization for quarterly or yearly reporting.

The undersigned further agrees to remit the above tax collected on all transactions subject to taxation pursuant to City of Harrison Ordinance No. 489 together with the required Municipal Tax Return to the office of the Treasurer of the City of Harrison on or before the 20th day of the month following the report period.

Authorized Signature

Date