

Change of Address
see reverse of form.



City of Cascade
(208) 382-4279

P.O. Box 649
Cascade, ID 83611

Local Option Non Property Tax PERMIT APPLICATION

Business Name _____

DBA name _____

Type of Business _____

Description of Business _____

Type of Business Ownshp. Corp. LLC Partshp. LP LLP Sole Prop Trust Other

Physical Location _____

Mailing Address _____

Email Address _____

Business Phone _____

Emergency Phone _____

Name of Owner _____

Owner Phone _____

NOTICE of required collection of Local Option Non Property Tax (LOT) effective January 1, 2022.

The City of Cascade collects a 1% LOT on single item sales up to \$1,000.00 as defined in Cascade City Code, Title 4, Chapter 8.

The applicant agrees to collect the following applicable taxes. Read and initial each section below.

_____ Retail businesses to collect a one (1%) tax upon all retail sales subject to taxation under Idaho Code 63-3601, et. Seq. Idaho Sales Tax Act and per Cascade City Code, Title 4, Section 8. Single item purchases of \$1,000.00 and over are exempt.

_____ If the sale occurs outside the city limits and items are delivered inside or occur inside the city limits, that business is required to hold a LOT permit to collect and remit the additional one percent (1%) LOT as per Cascade City Code Title 4, Chapter 8, Section 3(D).

_____ The undersigned agrees to submit a local option non property tax return for each calendar month by the 20th of the following month unless this application is accompanied by State Tax Commission authorization for quarterly or annual reporting. All LOT tax vouchers may be remitted to the City Clerk's Office at City Hall:

In person 105 S. Main St. Cascade, ID 83611
via mail P.O. Box 649 Cascade, ID 83611

_____ The undersigned hereby makes application for a City Sales Tax Permit as required under Cascade City per Ordinance No. 711.
THIS PERMIT IS NONTRANSFERABLE.

_____ I will be remitting LOT to the City of Cascade (check the appropriate box) Monthly Quarterly Annually

_____ Print Name of Authorized Agent

_____ Print Name of Owner

_____ Signature of Authorized Agent

_____ Date

OR

_____ Signature of Owner

_____ Date



Please make the following changes to my account:

- Cancel permit
- Phone number change
- Final return
- Mailing address change

Phone number 1 _____

Phone number 2 _____

Mailing address _____

Notes _____

_____|_____

Signature | Date

Notes:

Office Only
Date updated _____
Changed by _____