

- ☐ Ownership Change
☐ Change in services

- ☐ Change of Name or address
☐ Change of building use



City of Cascade
(208) 382-4279

P.O. Box 649
Cascade, ID 83611

Business License and LOT Permit APPLICATION

BLUE SHADED AREAS completed by City Staff

Business Name

DBA name _____

Type of Business _____

Date Business Established _____

Hours of Operation _____

to M T W TH F SA SU

Change of building use?

☐ Yes ☐ No

Type of Business Ownshp.

☐ Corp. ☐ LLC ☐ Partshp. ☐ LP
☐ LLP ☐ Sole Prop ☐ Trust ☐ Other

Fed. Tax ID _____

State Tax ID/s _____

Barber/cosmetology service? ☐ Yes ☐ No
Is this business a daycare? ☐ Yes ☐ No
Is a food service provided? ☐ Yes ☐ No
Is this a mobile food truck? ☐ Yes ☐ No
Short term lodging or rental? ☐ Yes ☐ No

Business Location _____

is located on ☐ Private Property ☐ Public Property

Do you own the property at the business location? ☐ Yes ☐ No

Do you lease the business location? ☐ Yes ☐ No

Business Owner Name _____

Prop Owner/Lessor Name _____

Home Address _____

Mailing Address _____

Mailing Address _____

Phone # _____

Phone # _____

Cell # _____

Cell # _____

Email Address _____

Email Address _____

☐ LTR of Permission/Hold Harmless agreement from property owner.

Corp Officer/Partner Name _____

Emergency Contact _____

Home Address _____

Title _____

Mailing Address _____

Mailing Address _____

Phone # _____

Phone # _____

Cell # _____

Cell # _____

Email Address _____

Email Address _____

Please use a separate sheet of paper to list any additional partners or corporate officers and attach to this application.

On site parking ☐ Yes ☐ No Number of spaces _____

City Water ☐ Yes ☐ No

Changes to interior ☐ Yes ☐ No type _____

City Sewer ☐ Yes ☐ No

Changes to exterior ☐ Yes ☐ No type _____

Septic? ☐ Yes ☐ No

Signing added or changed ☐ Yes ☐ No type _____

Propane? ☐ Yes ☐ No

Complete this section if you provide SHORT TERM rentals or lodging.

Short Term Rental Marketplace/s Used

Private Residence ☐ Yes ☐ No

Timeshare ☐ Yes ☐ No

Check all that apply:

Hotel / Motel? ☐ Yes ☐ No

Vacation Rental ☐ Yes ☐ No

☐ Prop. Mgr. ☐ Airbnb ☐ VRBO

Bed & Breakfast ☐ Yes ☐ No

Bedrooms _____ Occupancy _____

☐ inIdaho ☐ Evolve ☐ HomeAway

Condominium ☐ Yes ☐ No

Bathrooms _____

☐ Trip Advsr ☐ Expedia ☐ Other

Is it a Short Term Rental? ☐ Yes ☐ No

Is it a Long Term Rental? ☐ Yes ☐ No

list _____

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 (not receipt totals) up to \$1,000.00 as defined in Cascade City Code, Title 4, Chapter 8.



The undersigned hereby makes application for a City Sales Tax Collection Permit as required under Cascade City per Ordinance No. 711.

READ and INITIAL each section below even if you do not have items subject to taxation under Idaho Code 63-3601 and City Ordinance No. 711.

_____ 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, Chapter 8. Single item purchases of \$1,000.00 and over are exempt.

_____ Collection of one (1%) tax on any occupancy rental which includes the rental or leasing of lodging and other sleeping accommodations to members of the public for a fee of any hotel room, motel room, condominium, home, room, or any other residential unit, except where a residence is maintained continuously under terms of a lease or similar agreement for a period in excess of thirty (30) days.

_____ Collection of one (1%) tax on admission to a place or for an event in Idaho, provided that an organization conducting an exempt function as defined in section 527 or exempted by section 501c(3) of the Internal Revenue Code, as incorporated in section 63-3004, Idaho Code and as defined in City of Cascade code, Title 4, Chapter 8, Section 1.

_____ 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. If reporting quarterly, include a voucher for each month in the quarter you are reporting. All LOT tax vouchers may be remitted to the City Clerk's Office at City Hall, 105 S. Main Street, Cascade, Idaho 83611.

_____ The undersigned agrees to include a copy of State tax voucher/s when submitting the City of Cascade LOT remittance voucher.

_____ The undersigned agrees to maintain a current business license as defined in Cascade City Code, Title 4, Chapter 7.

NOTICE In accordance with county or state requirements, separate permits / licenses may be required. Your business must remain in compliance.

Copies of current state and county permits/licenses **must be submitted with this application.**

☐ BOL

☐ CDH

☐ SIFD Fire

☐ Recvd.

Business License Fee	☐ New	\$28.00	Payment via cc, ck, cash	TOTAL \$	DATE PAID	Intl.
----------------------	------------------------------	---------	--------------------------	-----------------	-----------	-------

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions and ordinances governing this type of business will be complied with whether specified herein or not. The granting of a license and LOT permit does not presume to give authority to violate or cancel the provisions of any other federal or state or local law or rules regulating this type of business.

Print Name of Authorized Agent, Parent or Guardian

Print Name of Owner

Signature of Authorized Agent, Parent or Guardian

Date

Signature of Owner

Date

Mayor, City of Cascade

Date

Attest: Signature of the City Clerk of Cascade

Date

Thank You . The goal of the City of Cascade business license process is to ensure the health and safety of the general public.

City Use Only

Application Received _____ Business License Issued _____ # assigned _____

"Getting Started" Packet _____ LOT Permit Issued _____ # assigned _____