

Permit # MFC - _____ - _____
LOT Permit # MLP - _____ - _____



City of Cascade
(208) 382-4279

P.O. Box 649
Cascade, ID 83611

APPLICATION FOR PERMIT MOBILE FOOD CONCESSIONAIRES

Permit Applications must be made 30 days or more in advance of activation. (City code 4-9-5D)

BLUE SHADED AREAS to be filled in by City Staff

Rcvd

MFP-

MLP-

Applicant Name

DBA Name

☐ Mobile Food Pushcart ☐ Mobile Food Stand ☐ Mobile Food Concessionaire

Product(s) to be Sold

Dates Requested Begin End Hours of Operation m. to m.

Drivers License # make copy

Fed. Tax ID # or SSN #

Vehicle License #

Idaho State Tax ID #

Make

Model

Year

Vehicle Registration #

Proposed Location Address is located on ☐ Private Property ☐ Public Property

Do you own the property at the location? ☐ Yes ☐ No Are you leasing or renting this space? ☐ Yes ☐ No

Business Owners Name

Prop Owner/Lessor Name

Home Address

Mailing Address

Mailing Address

(city, state, zip)

(city, state, zip)

Phone #

Phone #

Emerg Phone #

Email Address

Email Address

Hold Harmless Agrmnt

☐ Rcvd.

Liability Insurance

☐ Rcvd.

Signed & notarized consent agreement.

☐ Rcvd.

On site parking	☐ Yes ☐ No	# of spaces	City Water	☐ Yes ☐ No
Signing added	☐ Yes ☐ No	Explain type	City Sewer	☐ Yes ☐ No
Propane being used	☐ Yes ☐ No	Electricity being used	Septic?	☐ Yes ☐ No
Size of tank	Location	Porta Potty #	# Trash Can/s or Dumpster?	

Where a blue box below is checked "Yes", the Applicant must obtain signatures/written approval from those authorities who will review the Applicants compliance with city code. Copies of approvals and accompanying permits must be submitted with this application.

Building and Code Enforcement

☐ Yes

☐ No

Public Works Director

☐ Yes

☐ No

Signature

Date

Signature

Date

Cascade Rural Fire Chief

☐ Yes

☐ No

Central District Health

☐ Yes

☐ No

Signature

Date

Signature

Date

NOTICE of required collection of Local Option Non Property Tax (LOT).

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 7.

The applicant 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, Section 8. Single item purchases of \$1,000.00 and over are exempt.

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, 4.8.1.

The undersigned agrees to submit a local option non property tax return as follows:

Short term permit holders tax return is due the next business day after the event date.

Seasonal permit holders tax return is due for each calendar month by the 20th of the following month.

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.

NOTICE In accordance with county or state requirements, separate permits / licenses may be required. This permit / license becomes null and void if you are not in compliance with City of Cascade requirements. **Copies of all required and current state and county licenses or permits must be submitted with this application.** Required licenses: ☒ Central District Health permit ☒ Cascade Rural Fire District permit ☐ Rcvd.

I agree to hold the City of Cascade harmless of and from any and all liability, cost and damage arising from location, idle time, and operation of this mobile food concession, including court costs and attorney's fees. I, the undersigned, accept full financial responsibility for any damage to property. I also agree to abide by the Vendor Rules for Use as required. **Hold Harmless Agreements submitted?** ☐ Rcvd.

I hereby certify that I have read and examined this application and corresponding city code (Title 4, Chapter 9) 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 or 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 Applicant _____ Date _____

Signature of Applicant _____ Date _____

Print Name of Owner _____ Date _____

Signature of Owner _____ Date _____

Print name of Parent or Guardian (if applicant under 18) _____ Date _____

Signature of Parent or Guardian (if applicant under 18) _____ Date _____

Mayor, City of Cascade _____ Date _____

Attest: Signature of the City Clerk, City of Cascade _____ Date _____

A non-refundable fee for the administrative costs of processing applications shall be paid IN ADVANCE by each applicant at the time of making application for any permit in an amount set by City Resolution. No more than (2) two seasonal permits can be applied for consecutively. *

Short Term/Special Event	# days	☐	\$	55.00	per day plus	Short Term Refundable LOT deposit	☐	\$	52.00
Seasonal Vendor - four month permit. *		☐	\$	110.00	plus	Seasonal Vendor Refundable LOT deposit	☐	\$	250.00
		Pmnt. via	cc, ck, csh	DATE PAID	TOTAL	\$			

