MUNICIPAL TAX PERMIT APPLICATION
CITY OF SUN VALLEY
REQUIRED PER ORDINANCES 484 & 507
THERE IS A ONE TIME $10.00 FEE FOR THIS PERMIT

Business Name: _____________________________________ Business Type: ______________________________

If a new business, please indicate the proposed opening date: ______________________________

Business Physical Location: ________________________________________________________________

Business Mailing Address: ________________________________________________________________

(address) (city) (state) (zip)

Business Phone Number: _______________________________ Email Address: _________________________

Owner Name: _____________________________________________________________________________

Owner Mailing Address: ________________________________________________________________

(address) (city) (state) (zip)

Owner Phone Number: _______________________________ Email Address: _________________________

Please complete this section only if your business is a vacation rental:

Physical Address of Rental: ________________________________________________________________

Property Manager (if other than yourself): ___________________________________________ Phone: ________________

Email: ________________________________

Please list any websites where you advertise your rental. Include the listing name and/or number:

____________________________________________________________________________________

The undersigned agrees to collect the following applicable taxes (check all that apply):

☐ Four percent (4%) Occupancy Sales (Lodging, Hotel, Motel Rentals)
☐ Four percent (4%) on Golf Membership & Fees/Green Fees
☐ Four percent (4%) on Food and Beverage or Alcohol by the Drink
☐ Four percent (4%) on Event Admission Sales
☐ Four percent (4%) on Lease/Rental of Tangible Personal Property
☐ Two percent (2%) on Building and Construction Materials
☐ Two percent (2%) on Ski Lift Tickets/Season Ski Passes
☐ Three percent (3%) All other Sales not mentioned above

The undersigned further agrees to remit the above municipal tax using the same schedule as required for remittance of taxes to the Idaho State Tax Commission.

Taxes will be remitted for each calendar: Month _____ Quarter _____ Year ______

Taxes are due on or before the 20th day of the succeeding month to the City Clerk’s Office at PO Box 416, Sun Valley, ID 83353.

Applicant Signature: ________________________________ Date: ________________________________

THIS PERMIT IS NONTRANSFERABLE BY SALE, LEASE, ASSIGNMENT OR OTHERWISE.

CITY OF SUN VALLEY, PO BOX 416, SUN VALLEY, ID 83353, 208-622-4438