



## City of Ponderay

### Local Option Sales Tax Permit Application

As required by City Ordinance No. 150R

Submit completed application to [kvandenberg@ponderay.org](mailto:kvandenberg@ponderay.org) or mail to City of Ponderay, PO Box 500, Ponderay, ID. 83852  
If you have questions, please contact the above email or call (208) 265-5468.

BUSINESS CONTACT INFO	
Business Name:	DBA:
Business Physical Address:	
Business Mailing Address:	
Phone No:	Email:
Business Owner Name:	
SALES TAX PREPARER CONTACT INFO	
Name:	Phone No:                      Ext:
Email:	
ADDITIONAL INFO	
Idaho Sales Tax ID #:	EIN #:
<b>The undersigned agrees to collect the following applicable tax</b> <span style="color: red;">(check box)</span> <input type="checkbox"/> A one percent (1%) tax on the sales price of all property subject to taxation under Idaho Code 63-3601, et. Seq. Idaho Sales Tax Act, except purchases exceeding \$999.99, and occupancy sales already covered by an existing tax.	
<b>The undersigned further agrees to remit the above local option tax (this should correspond to the timing of payment of State sales taxes):</b> <span style="color: red;">(check one)</span>	
<input type="checkbox"/> Calendar Month  <input type="checkbox"/> Calendar Quarter  <input type="checkbox"/> Annually	<input type="checkbox"/> One-time Tax      Dates: _____ to _____ Name of Event:  <input type="checkbox"/> Exempt (Does not pay State Sales Tax)

Applicant agrees to observe all City ordinances, laws and conditions imposed. Applicant agrees to defend, hold harmless and indemnify the City of Ponderay, its officers and employees from all liability claims, suits and costs arising from incidents or accidents occurred under this permit. Applicant certifies that s/he has read and examined this application and that all information contained herein is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date