City of McCall
CITY CLERK
www.mccall.id.us

Form 302

OCCUPANCY TAX PERMIT Addendum

216 East Park Street
McCall, Idaho 83638
Phone 208-634-7142
Fax 208-634-3038

For Accommodators of Hotels and Short-Term Rentals

Name of Accommodator: _____
Contact Name
(Manager, Controller, etc.): _____

☐ New Account
☐ Updated Info

Phone: _____ Email: _____

Alternate Phone or Email: _____

Type of Business:
☐ Hotel/Motel
☐ Bed & Breakfast
☐ Other (specify): _____
☐ Condominium
☐ Property Management/Vacation Rental

State of Idaho Travel and Convention Tax Permit Number: _____

Note: Copies of Travel and Convention returns must be submitted with monthly or quarterly Local Option Tax payment vouchers.

What frequency do you file your Travel and Convention returns to the Idaho State Tax Commission?
☐ Monthly
☐ Quarterly
☐ Other (specify): _____

What frequency would you prefer to remit the Local Option Occupancy Tax?
☐ Monthly
☐ Quarterly

Please list the address of each short-term rental property **within City Limits** that your business will be operating. A permit will be issued for display at each property. Attach additional pages as necessary.

Address	Sleeps how many?
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For City Staff Use

Business License Number: _____ Date Assigned: _____