

City of Mackinac Island  
P.O. Box 455  
Mackinac Island, MI 49757

Telephone: (906) 847-3702  
Fax: (906) 847-6430  
Email: [clerk@cityofmi.org](mailto:clerk@cityofmi.org)

### APPLICATION FOR BUSINESS LICENSE

Please indicate the type of business license you are applying for. Check only one:

- ☒ New Business (A business located within the City which was not licensed the previous year.)  
☐ Renewal Business (A business licensed the previous year and identical to previously approved license.)  
☐ Off-Island Business (A business operating within the City but not physically located within the City.)

Name of Business: MASTERCRAFT PLUMBING, INC  
Name of Owner, Agent, or Manager: MARK D WISELEY  
Location of Business: 7879 EAST M36  
Mailing Address: 7879 EAST M36 Telephone No: 734-424-5678  
City, State, & Zip: WHITMORE LAKE 48189 Fax No. —  
Type of Business: Plumbing/Mechanical Email Address: MARK@MASTERCRAFT PLUMBING.NET  
State of Michigan Sales Tax Number / Social Security or FEIN: 383356634  
Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) Yes ☒ No ☐  
(If yes, please include a copy of your state license certificate)  
Horse or bicycle related businesses please include a copy of your certificate of liability insurance.

#### SIGNAGE:

NUMBER OF SIGNS N/A

List the number and describe the type and location of all signs. (Refer to the City's Sign and Outdoor Merchandise Display Ordinance for guidance.) Also, check whether each sign is new or existing.

NEW

EXISTING

TYPE & LOCATION

☐  
☐  
☐  
☐

☐  
☐  
☐  
☐


The following information is required for all businesses. If there are any changes to existing signage or new signage, please fill out a Sign Permit Application and provide drawings, sketches, and/or photos for each sign; showing all pertinent signage details.

I affirm that the information provided in this application is true and I have the authority to provide such information.

Mark D Wiseley  
Applicant's Signature

11-14-2025  
Date Signed

**Make checks payable to the City of Mackinac Island**

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Date Rec'd: November 14, 2025 Fee Rec'd: \$150.00 Check No.    
Council Action Date:   Approved   Denied   License No. 25-376

1/18

\*Need State license  
\*Need additional \$95.00



MASPL-1

OP ID: TY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Centurion Insurance Agency 2479 Woodlake Circle, Ste 300 Okemos, MI 48864-6931 Tom Horton	<b>517-381-5140</b>	<b>CONTACT NAME:</b> Debbie DeMay <b>PHONE (A/C, No, Ext):</b> 517-381-5140 <b>FAX (A/C, No):</b> 517-381-5139 <b>E-MAIL ADDRESS:</b> Debbie@centurionagency.com
<b>INSURED</b> Mastercraft Plumbing, Inc. Benjamin Franklin Ann Arbor HSW, LLC 7879 E. M-36 Whitmore Lake, MI 48189-9707		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Michigan Millers Mutual Ins Co <b>INSURER B:</b> Insurance Company of the West <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
		<b>NAIC #</b> 27847

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> X, C, U Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		C0561293	08/09/2025	08/09/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		V0516409	08/09/2025	08/09/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		L0305362	08/09/2025	08/09/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	WMI5072614 02	08/09/2025	08/09/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Leased/Rented Equipment		C0561293 ALL RISK, ACV, 100% COINS	08/09/2025	08/09/2026	Limit 150,000 Deductibl 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

<b>CITY OF M</b>  City of Mackinac Island P.O. Box 455 Mackinac Island, MI 49757	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Master Plumber License

R206399

MARK D WISELEY  
7879 E M-36  
WHITMORE LAKE, MI 48189

License No.  
8111539



**Michigan** USA

**ENHANCED CHAUFFEUR'S LICENSE**

DOB: 10/10/1958 EXP: 11/07/2024  
EXP: 10/18/2028

MARK DAVES WISELEY  
3041 STRAWBERRY LAKE RD  
WHITMORE LAKE, MI 48189-9402

Sex: M Hgt: 5'-10" Eyes: BLU  
Class: E.C End: NONE

Donor:  DONOR

10/18/58

Signature:   
ID: 121182343112

Expiration Date: 04/30/2028

This document is duly issued under the laws of the State of Michigan

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Plumbing Contractor License

R206758

MARK D WISELEY  
7879 E M-36  
WHITMORE LAKE, MI 48189

License No.  
8003327



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Licensing Section  
P.O. Box 30254  
Lansing, MI 48909

MARK D WISELEY  
7879 EAST M 36  
WHITMORE LAKE, MI 48189



GRETCHEN WHITMER  
Governor

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Mechanical Contractor License

L343606

Classifications:

10D - Fuel Gas Piping

MARK D WISELEY  
7879 EAST M 36  
WHITMORE LAKE, MI 48189

License No.  
7116957

Expiration Date:  
08/31/2028

This document is duly  
issued under the laws of the  
State of Michigan