Telephone: (906 847-3702 (906)847-6430

Fax: Mackinac Island, MI 49757 Email: 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.) Building N Name of Business: Name of Owner, Agent, or Manager: Location of Business: 10447 Wildwood Rd Mailing Address: 137a, 5, Seldo Telephone No: 231-838-1986 City, State, & Zip: Pctoshey, MI 49770 Fax No. Type of Business: Building Mover Email Address: jand chuilding mouers @outle State of Michigan Sales Tax Number / Social Security or FEIN: 38-2953816 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 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. **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. Chil an ans Applicant's Signature Date Signed Make checks payable to the City of Mackinac Island DO NOT WRITE IN THIS AREA - CITY USE ONLY Date Rec'd: November 18, 2024 Fee Rec'd: Check No.

Council Action Date: 11-25-24 Approved Denied License No. 24