Permit No. <u>425-064</u>

APPLICATION FOR ANNUAL MOTOR VEHICLE PERMIT (ONE APPLICATION FOR EACH VEHICLE AT EACH PROPERTY LOCATION)

Applicant Name	: The Inn at S	Stonecliffe			A.	Permit Fee:	\$50.00
Contact Name:	Patrick Con	lon				Date: _	17 MAR 25
Address:	8593 Cudah	y Circle	¥	2	_City: _	Mackinac Island	
State:Mich	nigan	Zip:	49757	Fax#:			
Phone #:513-	706-3272		Email	Address:	patrick.com	nlon@theinnats	tonecliffe.com
Company Owne	d Property L	ocation:	The Inn a	t Stonecliffe			
Reason Vehicle	is Needed: _ı	Landscapin	g, Unloading	Freight & F	uel, Snow	Removal	
Vehicle Descript	tion: Kubota Make	a			M62 Mode	el/Description	
The submittal of this are based on the infuses and purposes conditions and will	formation prov or violation of	rided on the any other lo	application cal ordinan	. Any use or ces or state l	purpose vaw constit	which is contrar utes a violation	y to approved
Applicants Signa	iture:	m	Ventied by 0.1/17/2021	pdfFiller		Date:	17 MAR 25
Applications w	vill not be su	ubmitted	to City Co	ouncil for	approva	l until the fee	e is received.
THIS PERM	MIT WILL	EXPIRE	ON MAR	RCH 31 st O	F THE	FOLLOWIN	G YEAR
Mailing add	ress: City o	f Mackina	e Island, l	P. O. Box 4	55, Mac	kinac Island, I	MI, 49757
Phone: 906-847	7-3702	Fax:	906-847-0	5430	1	Email: <u>clerk@</u>	Ocityofmi.org (12/28/2021)
City Use: Applicati	on Received:	3/17/0	25	Fee Receive	d:	Ck i	#:
Date of Action on A	pplication: 3	119/25	Approved:	Denie	ed:	By: Counc	il
Comments:							
				on	re I	less	
				1		2-21/	

Permit No. <u>425-065</u>

APPLICATION FOR ANNUAL MOTOR VEHICLE PERMIT (ONE APPLICATION FOR EACH VEHICLE AT EACH PROPERTY LOCATION)

Applicant	Name: The Inn	at Stonecliffe				Permit Fee:	#50.00
Contact Na	ame: Patrick C	Conton				Date:	17 MAR 25
Address: _	8593 Cu	dahy Circle	30 TO	**	_City: _	Mackinac Isla	nd .
State:	Michigan	Zip:	49757	Fax#: _	2		
Phone #:_	513-706-3272		Email	Address: 1	atrick.com	olon@theinnats	tonecliffe.com
Company (Owned Propert	y Location: _	The Inn at	Stonecliffe			
Reason Ve	hicle is Needed	: Utility					
Vehicle De	scription: Go		Battery Pov	vered)	Blue		
	Ma	ke			Mode	el/Description	
conditions an	ooses or violation ad will be punisha	ble as a civil in	fraction and	revocation of	of the pen	nit.	•
	ons will not be						
THIS	PERMIT WIL	L EXPIRE	ON MAR	CH 31 st O	F THE	FOLLOWIN	G YEAR
Mailing	g address: Cit	y of Mackina	c Island, P	P. O. Box 4	55, Mac	kinac Island,	MI, 49757
Phone: 90	6-847-3702	Fax:	906-847-6	430	H	Email: clerk	@cityofmi.org (12/28/2021)
City Use: A	pplication Received	ı: <u>3/17/</u> ,	25	Fee Received	l:	Ck	¥:
Date of Actio	n on Application;	3/19/25	Approved:	Denie	d:	By: Coun	cie
Comments:		· · · · · · · · · · · · · · · · · · ·					

#50.00 each

APPLICATION FOR ANNUAL MOTOR VEHICLE PERMIT (ONE APPLICATION FOR EACH VEHICLE AT EACH PROPERTY LOCATION)

Applicant Name: The Inn at Stonecliffe	Permit Fee: #100.00
Contact Name: Patrick Conlon	Date:17 MAR 25
Address:8593 Cudahy CircleCity	y:Mackinac Island
State: Michigan Zip: 49757 Fax#:	10
Phone #:513-706-3272 Email Address: patrick	
Company Owned Property Location: The Inn at Stonecliffe	
Reason Vehicle is Needed: Landscaping (Mow Grass)	
Vehicle Description: Kubota (2) SZ Make SZ	-26-52 /Stand on Mowe (2) Model/Description
The submittal of this application does not imply approval from the City of Mare based on the information provided on the application. Any use or purpouses and purposes or violation of any other local ordinances or state law conconditions and will be punishable as a civil infraction and revocation of the Applicants Signature:	se which is contrary to approved astitutes a violation of permits permit.
Applicants Signature:	Date:17 MAR 25
Applications will not be submitted to City Council for appro	oval until the fee is received.
THIS PERMIT WILL EXPIRE ON MARCH 31" OF TH	IE FOLLOWING YEAR
Mailing address: City of Mackinac Island, P. O. Box 455, N	Mackinac Island, MI, 49757
Phone: 906-847-3702 Fax: 906-847-6430	Email: clerk@cityofmi.org (12/28/2021)
City Use: Application Received: 3/17/25 Fee Received:	Ck #:
Date of Action on Application: 3/19/25 Approved: Denied:	By: Council
Comments:	

Permit No. <u>425-068</u>

APPLICATION FOR ANNUAL MOTOR VEHICLE PERMIT (ONE APPLICATION FOR EACH VEHICLE AT EACH PROPERTY LOCATION)

Applicant N	lame: The Inn at S	Stonecliffe			2.	Permit Fee:	#50.00
Contact Na	me: Patrick Con	lon				Date: _	17 MAR 25
Address:	8593 Cudah	y Circle			_City: _	Mackinac Isla	nd
	Michigan			Fax#: _		ia .	
	513-706-3272						
Company O	wned Property L	ocation:	The Inn at	Stonecliffe			
Reason Veh	icle is Needed: L	andscaping	, Unloading	Freight, Sno	w Remov	/al, Maintaing R	oads, Powerwashin
Vehicle Des	cription: _Avant				M76	0	
	Make				Mod	el/Description	
uses and purpo conditions and	ne information provoses or violation of will be punishable	any other lo as a civil in	cal ordinanc fraction and	es or state la revocation o	w constit	utes a violation mit.	of permits
Applicatio	ens will not be so ERMIT WILL address: City o	ubmitted	to City Co	uncil for a	pprova	l until the fee	e is received.
Phone: 906	-847-3702	Fax:	906-847-6	430		Email: <u>clerk@</u>	0cityofmi.org (12/28/2021)
Date of Action	olication Received: _ on Application:3	119/25	Approved: _	Fee Received	:	Ck t By: <u>Coun</u>	i.

Permit No. <u>425-</u>069

APPLICATION FOR ANNUAL MOTOR VEHICLE PERMIT (ONE APPLICATION FOR EACH VEHICLE AT EACH PROPERTY LOCATION)

			Permit Fee:	#50.00
	8 .			
154	as (2)	_City: _	Mackinac Isl	and
49757	Fax#:		9	
Email	Address:	patrick.com	nlon@theinnat	stonecliffe.com
The Inn a	t Stonecliffe			
		Mod	el/Description	
	Take Take 1	•		17 MAR 25
to City Co	ouncil for	approva	l until the fe	e is received.
ON MAR	RCH 31 st C	F THE	FOLLOWI	NG YEAR
ac Island, I	P. O. Box	455, Mac	kinac Island,	MI, 49757
906-847-6	5430]	Email: <u>clerk</u>	@cityofmi.org (12/28/2021)
25_	Fee Receive	d:	Ck	: #:
Approved:	Fee Receive	d:	By: Coun	#:
	### Approval application and fraction and fraction and to City Con MAR ac Island, 1	Email Address: The Inn at Stonecliffe ply approval from the Capplication. Any use of cal ordinances or state Infraction and revocation verdied by potential. to City Council for ON MARCH 31st Capplication. P. O. Box 4906-847-6430	City: 49757 Fax#: Email Address: patrick.com The Inn at Stonecliffe Work Mod ply approval from the City of Mac application. Any use or purpose to cal ordinances or state law constitution and revocation of the per verdied by patrille. To City Council for approva ON MARCH 31st OF THE ac Island, P. O. Box 455, Mac	City: Mackinac Isl 49757 Fax#: Email Address: patrick.conlon@theinnate The Inn at Stonecliffe Workman MDX Model/Description ply approval from the City of Mackinac Island. A application. Any use or purpose which is contral ordinances or state law constitutes a violation of fraction and revocation of the permit. Date: to City Council for approval until the feel on MARCH 31st OF THE FOLLOWING ac Island, P. O. Box 455, Mackinac Island,