Council date: Oct. 16, 2024

Approved ____

Denied ____

CK# 5159 | $150.00 | 10.7.2024

RECEIVED
OCT 07 2024
By: D. Leach

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

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

Name of Business: RNC Paint Systems

Name of Owner, Agent, or Manager: Carolyn McLemore

Location of Business: Mission Church 6670 Lake Shore, Dr., Mackinac Island, MI 49757

Mailing Address: 3094 Otter Dr. Telephone No: 734-645-1763

City, State, & Zip: Troy, MI 48083 Fax No.

Type of Business: Commercial Painting Email Address: rncpaintsystems@comcast.net

State of Michigan Sales Tax Number / Social Security or FEIN: 45-5190590

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** -0-

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.

Carolyn McLemore — Applicant's Signature

10/27.24 — Date Signed

Make checks payable to the City of Mackinac Island