

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: Nelbud Services LLC

Name of Owner, Agent, or Manager: Sara Olds - Agent

Location of Business: Indianapolis, Indiana

Mailing Address: 51 Koweba Lane

Telephone No: 317-325-8951

City, State, & Zip: Indianapolis, In 46201

Fax No. N/A

Type of Business: Fire Protection

Email Address: Sara@nelbud.com

State of Michigan Sales Tax Number / Social Security or FEIN: 87-1783194

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 6

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.

Sara Olds

Applicant's Signature

3-31-25

Date Signed

Make checks payable to the City of Mackinac Island

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Date Rec'd: March 31, 2025

Fee Rec'd: _____

Check No. _____

Council Action Date: 4/2/25 Approved _____

Denied _____

License No. 25-243