

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: ACTION SERVICE CONSTRUCTION CORP

Name of Owner, Agent, or Manager: Joseph Bitterly

Location of Business: Port Charlotte, FL

Mailing Address: 15242 AQUARIUS CIR Telephone No: 670 901 0900

City, State, & Zip: Port Charlotte FL 34981 Fax No. _____

Type of Business: CONSTRUCTION Email Address: ACTIONSERVICECORP@YAHOO.COM

State of Michigan Sales Tax Number / Social Security or FEIN: 75-3245830

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.

NEW	EXISTING	TYPE & LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

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.

Joseph Bitterly Applicant's Signature 6/24/24 Date Signed

Make checks payable to the City of Mackinac Island

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Date Rec'd: 06/24/2024 Fee Rec'd: \$150.00 Check No. 1522
Council Action Date: 6/26/24 Approved _____ Denied _____ License No. 24-332

City Clerk

From: City Clerk
Sent: Monday, June 24, 2024 11:39 AM
To: Joe Sitterly; City Clerk
Cc: Kris Klay
Subject: Re: Action Service Construction Corp

Hello Rhonda,

Thank you for sending this via email. Your application will be added to this week's agenda for approval, and your certificate will be mailed once the check is received.

Have a great day!

[Get Outlook for iOS](#)

From: Joe Sitterly <actionservicecorp@yahoo.com>
Sent: Monday, June 24, 2024 11:33:40 AM
To: clerk@cityofmi.org <clerk@cityofmi.org>
Cc: Kris Klay <kris@lvmackinac.com>
Subject: Action Service Construction Corp

I spoke with the clerk's office regarding the renewal for our license (expired April 30, 2024).

Attached is a copy of the check being mailed today and a copy of the application form.

The clerk advised me to email these so that they can be addressed at the Wednesday meeting.

Regards,
Rhonda Sitterly

Action Service Corporation Joe Sitterly 630-901-0900