

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: Map Electric

Name of Owner, Agent, or Manager: Michael Panagiotides

Location of Business: Canton, MI

Mailing Address: 7962 N. Willey Rd Telephone No: 734-748-7142

City, State, & Zip: Canton, MI 48187 Fax No. _____

Type of Business: Electrical Contractor Email Address: Mapelectric11@gmail.com

State of Michigan Sales Tax Number / Social Security or FEIN: 26-011818

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: _____
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.

Applicant's Signature: *Michael Panagiotides* Date Signed: 12/15/2023

Make checks payable to the City of Mackinac Island

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Date Rec'd: _____ Fee Rec'd: _____ Check No. _____

Council Action Date: _____ Approved _____ Denied _____ License No. _____