City of Mackinac Island P.O. Box 455 Mackinac Island, MI 4975

Date Rec'd:

Telephone: (906 847-3702 Fax: (906)847-6430 Email: clerk@cityofmi.org

Mackinac Island, MI 49757 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: The Backyard Name of Owner, Agent, or Manager: The Inn at Stonecliffe Location of Business: Stonecliffe Mansion Mailing Address: 8593 Cudahy Circle Telephone No: 906-847-3355 City, State, & Zip: Mackinac Island Fax No. Type of Business: Restaurant info@theinnatstonecliffe.com Email Address: State of Michigan Sales Tax Number / Social Security or FEIN: 34-1983481 No X Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) Yes $\,\,$ $\,$ (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. NUMBER OF SIGNS TBD 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** TBD 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. June 10, 2024 Applicant's Signature Date Signed Make checks payable to the City of Mackinac Island DO NOT WRITE IN THIS AREA - CITY USE ONLY

une 10, 2024 Fee Rec'd:____

Council Action Date: 4 - 12 - 24 Approved

Check No.

Denied _____ License No. 24 - 329