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: Jasun Cleveland Contracting Name of Owner, Agent, or Manager: Tason Cleveland Location of Business: 8110 Lenon Rd, Bancroft

Mailing Address: 8110 Lemon Rd Telephone No: 517 375 5789

City, State, & Zip: Bancroft, M1 48414 Fax No. Email Address: Jason cherelandent racting @gmail Type of Business: Contractor State of Michigan Sales Tax Number / Social Security or FEIN: 38-35357 45 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** 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 **Date Signed** Make checks payable to the City of Mackinac Island

Date Rec'd: Denied License No. 24 1/18