

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: Berkshire Hathaway Homeservices Michigan Real Estate

Name of Owner, Agent, or Manager: William J. Dickson

Location of Business: Off Island

Mailing Address: 102 E. Main Street Telephone No: 231-526-9800

City, State, & Zip: Harbor Springs, MI 49740 Fax No. 231-526-9700

Type of Business: Real Estate Email Address: billdickson@bhhsmi.com

State of Michigan Sales Tax Number / Social Security or FEIN: 38-3273130

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 N/A

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 *William J. Dickson* Date Signed 6/8/24
WILLIAM DICKSON

Make checks payable to the City of Mackinac Island

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Date Rec'd: June 11, 2024 Fee Rec'd: \$150.00 Check No. 34575
Council Action Date: 6.12.24 Approved _____ Denied _____ License No. 24-331

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
REAL ESTATE BRANCH OFFICE LICENSE

VACATION PROPERTIES NETWORK INC
102 E MAIN STREET
HARBOR SPRINGS, MI 49740

EMPLOYING BROKER # 6505292461

(COMPANY MAY BE AUTHORIZED TO OPERATE
UNDER AN ASSUMED NAME, SEE
WWW.MICHIGAN.GOV/MIPLUS FOR A LIST)

LICENSE NO.
6505292461BR0004

EXPIRATION DATE
02/19/2025

21216103954

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN