City of Mackinac Island
P.O. Box 455
Mackinac Island, MI 49757

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.)
- [x] Off-Island Business (A business operating within the City but not physically located within the City.)

Name of Business: Michigan Towers Inc

Name of Owner, Agent, or Manager: Mark W Stevenson

Location of Business: Traverse City

Mailing Address: 3783 Rennie School Road Telephone No: 231-357-1514

City, State, & Zip: Traverse City. MI 49685 Fax No. none

Type of Business: General Contractor Email Address: mstevenson@mitowers.com

State of Michigan Sales Tax Number / Social Security or FEIN: 47-3840665

Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) Yes [x] 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** 0

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: 10/20/25

Make checks payable to the City of Mackinac Island

DO NOT WRITE IN THIS AREA – CITY USE ONLY

Date Rec'd: October 20, 2025 Fee Rec'd: _____ Check No. _____

Council Action Date: 10·29·25 Approved _____ Denied _____ License No. 25-360

1/18

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Residential Builders Section
P.O. Box 30254
Lansing, MI 48909

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Individual Builder License

MARK W STEVENSON
1322 MINKIN
TRAVERSE CITY, MI 49684

License No:
2101179553

Expiration Date:
05/31/2026

MARK W STEVENSON
1322 MINKIN
TRAVERSE CITY, MI 49684

GRETCHEN WHITMER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Individual Builder License

MARK W STEVENSON
1322 MINKIN
TRAVERSE CITY, MI 49684

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

License No.
2101179553

Expiration Date:
05/31/2026

This document is duly issued under the laws of the State of Michigan