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

## APPLICATION FOR BUSINESS LICENSE

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

lease 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.)
lame of Business: Corrigon Logistics  lame of Owner, Agent, or Manager: Doub Corrigon  ocation of Business: Grand Repids mI 49548  Italiang Address: 7409 Expression to Telephone No: Glo-455.4500  Ity, State, & Zip: Grand Repids mI 49548 Fax No.  Type of Business: FFE Lobol Email Address: MSteason GCorrigon Com  Itate of Michigan Sales Tax Number / Social Security or FEIN: 38 - 3673640  Ithis 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)  Iorse or bicycle related businesses please include a copy of your certificate of liability insurance.
IGNAGE:  NUMBER OF SIGNS  ist 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.
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