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: Midwest tree experts Mn inc

Name of Owner, Agent, or Manager: Michael Poggen

Location of Business:

Mailing Address: 11670 fountain Dr # 200     Telephone No: 320-232-3854

City, State, & Zip: Maple Grove MN 55369     Fax No.

Type of Business: Tree Service     Email Address: Mte mninc@outlook.com

State of Michigan Sales Tax Number / Social Security or FEIN: 46-2208543

**Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) Yes ____ No _X_**
(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__ 1 __
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 |
|-----|----------|-----------------|
| X | [ ] | |
| [ ] | [ ] | |
| [ ] | [ ] | |
| [ ] | [ ] | |
| [ ] | [ ] | |

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.

_____     4-10-2025
Applicant's Signature                           Date Signed

*Make checks payable to the City of Mackinac Island*