

Permit No. _____

Permit Fee: _____

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

Applicant Name: Emergency Vehicles Plus Contact Name: Scott A. Schalow

Address: 670 E. 16TH ST City: HOLLAND State: MI

Zip: 49423 Phone: 989-280-1898 Email: scottschalowevp@gmail.com

Work Site: Mission Point Resort

Reason Vehicle is Needed: Demonstrate at Michigan EMS Expo @ Mission Point
5/8 - 5/10

Explanation of why the work cannot be reasonably performed, accommodated, or accomplished by a horse drawn dray (documentation & photos of equipment & materials may be required): We would like to bring an Ambulance to the EMS Expo May 8 - May 10
It would not be ~~dr~~ driven except to and from Mission Point

Vehicle Description: 2024 Ford F550 4x4 Horton Ambulance
Make Model/Description

Proposed Starting & Ending Date: Driven to M.P. on 5/8, Back to Dock 5/10 Total Days of Usage: 1, Trip to + from

Overnight Parking Location: Mission Point Resort

Boat Line & Dock: Arnold. Not sure which dock

Proposed Travel Route: from dock (Downtown I would assume) to Mission Point. Back same Route

The submittal of this application does not imply approval from the City of Mackinac Island. Approved permits are based on the information provided on the application. Any use or purpose which is contrary to approved uses and purposes or violation of any other local ordinances or state law constitutes a violation of permits conditions and will be punishable as a civil infraction and revocation of the permit.

Applicants Signature: Scott A. Schalow Date: 4/16/25

Applications will not be submitted to City Council for approval until the fee has been received.

Please visit: www.cityofmi.org for council meeting dates & times

Mailing address & Payments made to: City of Mackinac Island, P. O. Box 455, Mackinac Island, MI, 49757

Phone: 906-847-3702

Fax: 906-847-6430

Email: clerk@cityofmi.org

City Use: Application Received: _____ Fee Received: _____ Ck #: _____

Date of Action on Application: _____ Approved: _____ Denied: _____ By: _____

Comments: _____

(03.05.2025)