Name of Business: Sip n' Sail Cruises

APPLICATION FOR BUSINESS LICENSE

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.)

Telephone: (906 847-3702 (906)847-6430

Email: clerk@cityofmi.org

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.)

	Name of Owner, Agent, or Manager:	Hoffmann Family of	
	Name of Owner, Agent, or Manager: Veronica Dobrowciski Hoffmann Family of companies Location of Business: 7325 Main Street Mackinac Island MI 49757		
	Mailing Address: PO Box 220 City, State, & Zip: Mackinac Island MI 49757 Type of Business: Sightseeing Cruises	Telephone No: 906-430-0095	
	City, State, & Zip: Mackinac Island MI 49757	Fax No.	
Total Control	Type of Business: Sightseeing Cruises	Email Address: Veronica@arnoldfreight.com	
No. of Concession, Name of Street, or other Persons, Name of Street, or ot	State of Michigan Sales Tax Number / Social Security or FEIN:	5-730096 99-2558922	
Contract of the last	Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) YesNo		
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T	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		
- State of Country Cou			
	I affirm that the information provided in this application is true and I have the authority to provide such information.		
Applicant's Signature Applicant's Signature Applicant's Signature			
Date Signed Make checks payable to the City of Mackinac Island			
Do not write in this area - city use only			
Date Recidity 29 2024 Foodball Stollar of			
Denied License No. 24 - 324			
1/18			