Grand Parade

CITY OF MACKINAC ISLAND PERMIT APPLICATION FOR PARADE OR COMPETITIVE EVENT

As prescribed under Provisions of City of Mackinac Island Ordinance No. 273

Name of Applicant: Mackinac Island Tourism	Bureau	
Address: PO Box 451 7274 Main Street	Mackinac Island	Michigan 49757
(P.O. Box) (Street)	(City)	(State) (Zip)
Phone Number & Email: 906-430-8088	steph@mackinacis	land.org
(Phone)	(Email)	
Name of Group or Organization Sponsoring the	e Event: Mackinac Islan	nd Tourism Bureau
Address: PO Box 451 7274 Main Street	Mackinac Island	Michigan 49757
(P.O. Box) (Street)	(City)	(State) (Zip)
Group Status: Profit X Non-Profit		
Type of Event: X Parade Competit	ive Event	
Date of Event: Sunday June 16th (Day) (Date)	Time of Event: 4:0	00 pm 5:00 pm
(Day) (Date)	(Star	t) (End)
Location of Event (starting and ending location	s and proposed route):	Starting at Mission Point
Resort and ending at Windermere Point. The	route will be along Mair	Street and downtown
Mackinac.		
Name of Liability Insurance Company: Chees	eman Insurance Agency	,
Policy or Binder Number: 924670-33588064	-24 Amount of Cove	erage: \$2,000,000
Stephi Castit	5/27/24	
Applicant Signature	Date	
Application Received: 5.27.24 Fee Recei		Ck #: