

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.)
☒ Off-Island Business (A business operating within the City but not physically located within the City.)

Name of Business: Ideal Grass
Name of Owner, Agent, or Manager: Joshua DeWitt
Location of Business: Mackinaw City, MI 49701
Mailing Address: PO Box 386 Telephone No: 231-886-4770
City, State, & Zip: Mackinaw City, MI 49701 Fax No. _____
Type of Business: Lawn Service Email Address: mrjDewitt@gmail.com
State of Michigan Sales Tax Number / Social Security or FEIN: 
Is this business a licensed trade regulated by the State of Michigan (If yes, please include a copy of your state license certificate) etc) Yes ☒ No ☒
Horse or bicycle related businesses please include a copy of your certificate of liability insurance.

SIGNAGE:

NUMBER OF SIGNS 0

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

☐☐☐☐☐☐☐☐

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.

Joshua DeWitt
Applicant's Signature

8-18-2025
Date Signed

Make checks payable to the City of Mackinac Island

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Date Rec'd: August 18, 2025 Fee Rec'd: \$150.00 Check No. 1073
Council Action Date: 8/20/25 Approved _____ Denied _____ License No. 25-349