

### 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: Pro Surfaces

Name of Owner, Agent, or Manager: Jared Coffelt

Location of Business: Harrison, MI

Mailing Address: 451 N. Clare Ave. Telephone No: 989-640-9467

City, State, & Zip: Harrison, MI 48625 Fax No. \_\_\_\_\_

Type of Business: Sport Court Construction Email Address: jaredcoffelt@prosurfaces.org

State of Michigan Sales Tax Number / Social Security or FEIN: 20-2872131

Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) Yes \_\_\_\_\_ No   
(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 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
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

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.

Jared Coffelt 7-24-24  
Applicant's Signature Date Signed

**Make checks payable to the City of Mackinac Island**

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Date Rec'd: July 24, 2024 Fee Rec'd: \_\_\_\_\_ Check No. \_\_\_\_\_

Council Action Date: 7.24.24 Approved \_\_\_\_\_ Denied \_\_\_\_\_ License No. 24-335