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

Mackinac Island, MI 49		LICATION FOR BUSINESS LICENSE 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.) 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: [
Name of Owner, Age	ent, or Manager: Randy Da	arnell
Location of Business	Oxford, MI	
Mailing Address: PC) Box 92	Telephone No: 248-894-8253
City, State, & Zip:	xford, MI 48371	Fax No.
Type of Business:	lumbing Contractor	Email Address: deltaechoinc2016@yahoo.com
State of Michigan Sa	les Tax Number / Social Se	ecurity or FEIN: 81-1563737
(If yes, please inc	clude a copy of your state	y the State of Michigan (contractor, architect, etc) Yes No license certificate) nclude a copy of your certificate of liability insurance.
		NUMBER OF SIGNS
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 infor	mation provided in this appl	ication is true and I have the authority to provide such information.
12		9/11/2025
Applicant's Signature	9	Date Signed

DO NOT WRITE IN THIS AREA - CITY USE ONLY

Make checks payable to the City of Mackinac Island

Date Rec'd: September 15, 2025 Fee Rec'd: \$\frac{\pm 150.00}{\pm 0}\$ Check No. 2954

Council Action Date: \frac{9/17/25}{25}\$ Approved ______ Denied _____ License No. \frac{\pm 55 - 3.53}{25}