City of Mackinac Island P.O. Box 455 Mackinac Island, MI 49757

APPLICATION FOR BUSINESS LICENSE

Telephone: (906 847-3702 Fax: (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.) Renewal Business (A business licensed the previous year and identical to previously approved license.) X Off-Island Business (A business operating within the City but not physically located within the City.) Name of Business: SPE, Inc. Name of Owner, Agent, or Manager: Jennifer Hooyman Location of Business: Little Chute, WI Mailing Address: 701 Moasis Drive Telephone No: 920-687-1441 Fax No. 920-687-1442 City, State, & Zip: Little Chute, WI 54140 Type of Business: Construction - Steel Erector Email Address: jen@spe-wi.com State of Michigan Sales Tax Number / Social Security or FEIN: FEIN 39-1817033 Is this business a licensed trade regulated by the State of Michigan (contractor, architect, etc) Yes _____ No ____X (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. NUMBER OF SIGNS | () SIGNAGE: 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. 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:______ Fee Rec'd:_____ Check No.____ Council Action Date: _____ Approved _____ Denied ____ License No.____