

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: CENTIMARK CORPORATION

Name of Owner, Agent, or Manager: JEFF MOLLARD

Location of Business: 6330 Commerce Rd. Westland MI 48185

Mailing Address: 6330 Commerce Rd. Telephone No: (734) 641-7060

City, State, & Zip: Westland, MI 48185 Fax No. (734) 722-0051

Type of Business: Roofing Email Address: JEFF.MOLLARD@CENTIMARK.COM

State of Michigan Sales Tax Number / Social Security or FEIN: 25-1194990

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

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. _____