

City of Mackinac Island **\$150.00**  
P.O. Box 455  
Mackinac Island, MI 49757

Telephone: (906) 847-3702  
Fax: (906) 847-6430  
Email: [clerk@cityofmi.org](mailto:clerk@cityofmi.org)

### 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: Rain Gutter Consultants, Inc DBA **All Gutter Systems** & Under Deck Oasis

Name of Owner, Agent, or Manager: Tony Cobb- owner

Location of Business: Grandville, Michigan

Mailing Address: 2737 Kentwood Ave SW Telephone No: 616-581-1126

City, State, & Zip: Grandville, MI 49418

Fax No.

Type of Business: Rain Gutter and Under Deck Ceiling Contr Email Address: [tcobb@allguttersystems.com](mailto:tcobb@allguttersystems.com)

State of Michigan Sales Tax Number / Social Security or FEIN: 38-3437245

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: November 03, 2025 Fee Rec'd: \$150.00 Check No. 21369  
Council Action Date: 11.12.25 Approved \_\_\_\_\_ Denied \_\_\_\_\_ License No. 25-366