

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: Verita Telecommunicatons Corporation

Name of Owner, Agent, or Manager: Michael Falsetti, Owner; Susan Sheffer, Permit Agent

Location of Business: Plymouth, Michigan

Mailing Address: 47059 Five Mile Rd

Telephone No: 734 862-4700

City, State, & Zip: Plymouth

Fax No.

Type of Business: Telecommunications Contracting

Email Address: ssheffer@veritacorp.com

State of Michigan Sales Tax Number / Social Security or FEIN: Business # 05290W

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

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.

Susan Sheffer

Applicant's Signature

11/7/2025

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. _____

FILED

NOV 20 2013

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS **CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

(FOR BUREAU USE ONLY)

by Administrator
Corporation DivisionNOV 1 13
NOV 7 9 2013

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Tran Info: 1 19065594-1 11/18/13
ChkB: 1135 Amt: \$60.00
ID: DANIEL SARNA

Name

Daniel A. Sarna

Address

26007 Warren

City

State

ZIP Code

Dearborn Heights, Michigan 48127

EFFECTIVE DATE:

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

ARTICLES OF INCORPORATION

For use by Domestic Profit Corporations

(Please read information and instructions on reverse side)

05290W

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned executes the following Articles:

ARTICLE I

The name of the corporation is:

Verita Telecommunications Corporation

ARTICLE II

The purpose or purposes for which the corporation is formed is to engage in any activity within the purposes for which corporations may be formed under the Business Corporation Act of Michigan.

ARTICLE III

The total authorized shares:

1. Common Shares 60,000

Preferred Shares

2. A statement of all or any of the relative rights, preferences and limitations of the shares of each class is as follows:

ARTICLE IV

1. The name of the resident agent at the registered office is: Daniel A. Sarna

2. The street address of the location of the registered office is:

26007 Warren,
(Street Address)Dearborn Heights
(City), Michigan 48127
(Zip Code)

3. The mailing address of the registered office if different than above:

(P.O. Box or Street Address)

(City)

, Michigan (Zip Code)

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