

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.) **\$400.00**
☐ 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: Mackinac Island Bike Shop

Name of Owner, Agent, or Manager: Mack Tracks, LLC

Location of Business: 7421 Main Street

Mailing Address: One Ravinia Drive, Suite 1600

Telephone No: 678-349-0952

City, State, & Zip: Atlanta, GA 30346

Fax No.

Type of Business: Bike Shop

Email Address: tgreer@davidsonhospitality.com

State of Michigan Sales Tax Number / Social Security or FEIN: 99-3556927

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 1

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


☐
☐
☐
☐

☒
☐
☐
☐

No changes to existing signage

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

11/16/25
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. _____

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Propel Insurance 1201 Pacific Avenue; Suite 1000 Atlanta Team Tacoma, WA 98402-4321	CONTACT NAME: Kim Thomas PHONE (A/C, No, Ext): 404 905-7905 FAX (A/C, No): 866 577-1326 E-MAIL ADDRESS: kim.thomas@propelinsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty Company NAIC # 20443 INSURER B: Continental Insurance Company 35289 INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Davidson Hotel Company LLC One Ravinia Drive, Ste 1600 Atlanta, GA 30346		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIQUOR LIAB \$1M/\$2m GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL7064273177	03/01/2024	03/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BUA7064273163	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			7064277178	03/01/2024	03/01/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Crime						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Loc #2091 - Mackinac Island Bike Shop located at 7421 Main Street, Mackinac Island, MI 49757

Additional Insured: Macks Tracks, LLC

CERTIFICATE HOLDER

CANCELLATION

City of Mackinac Island
 Mackinac Island
 Mackinac Island, MI 49757

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

