CITY OF MACKINAC ISLAND PERMIT APPLICATION FOR PARADE OR COMPETITIVE EVENT

As prescribed under Provisions of City of Mackinac Island Ordinance No. 273

Name of Applicant:	St. Onge		
Address:			
(P.O. Box) (Street)	(City)	(State)	(Zip)
Phone Number & Email:			
(Phone)	(Email)		
Name of Group or Organization Spor	nsoring the Event:		
Address:			
(P.O. Box) (Street)	(City)	(State)	(Zip)
Group Status: Profit N	Non-Profit		
Type of Event: Parade	Competitive Event		
Date of Event: Thu, Nov 28, 203 (Day) (D	Time of Event: 9:0000 (Start)	m(End)	
Location of Event (starting and ending	g locations and proposed route): Fort-	+ Uni	10
to Davil's Kitchen	+ back, ending at	the	<u> </u>
Name of Liability Insurance Company			
Policy or Binder Number:	Amount of Coverage:		
Applicant Signature	Date		
Application Received: 10.28.24 F	Fee Received:Ck #: _		
Approved: Denied: E	By: Council		