City of Mackinac Island P.O. Box 455 Mackinac Island, MI 49757

APPLICATION FOR BUSINESS LICENSE

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

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:	Moore Q	nality Construction LLC
Name of Owner, Agent, or Manager: Jason Moorc		
Location of Business		Standard depthing to the standard depthing to
Mailing Address:	25 Indian	Trail Telephone No: (231) 463-5863
City, State, & Zip:		
Type of Business:	General Con	rtractor Email Address: Macrejas 27@ gmailson
State of Michigan Sales Tax Number / Social Security or FEIN: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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.		
		NUMBER OF SIGNS
List the number and Ordinance for guidan	ice.) Also, check wh	nd location of all signs. (Refer to the City's Sign and Outdoor Merchandise Display nether each sign is new or existing.
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