Telephone: (906 847-3702 Fax: (906)847-6430

Email: 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.) Graphix DBA Bayview Name of Business: Name of Owner, Agent, or Manager: Grosse Pointe Farms, UI Location of Business: Telephone No: 313-363-3434 Mailing Address: City, State, & Zip: 6-055C Products Email Address: Laurie & HW & Fx. com Type of Business: Wearables 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 (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** Bayview 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 Make checks payable to the City of Mackinac Island DO NOT WRITE IN THIS AREA - CITY USE ONLY

Fee Rec'd: #150.00 Check No. 1217 Date Rec'd:

____ Denied _____ License No. 25 - 340 Council Action Date: 6 - 1/-