## APPLICATION FOR BUSINESS LICENSE

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

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: Maleport Construction	
Name of Owner, Agent, or Manager: Gary Maleport	
Location of Business:Sault Ste Marie MI	
Mailing Address: 4857 E 6 Mile Rd	Telephone No: 906 440-4614
City, State, & Zip: SSM MI 49783	Fax No.
Type of Business: Concrete and Masonry	Email Address: maleportconstruction@gmail.cor
State of Michigan Sales Tax Number / Social Security or I	EIN: 38 368 3186
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_0  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.	
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