CAMP PROGRAM LICENSE APPLICATION

Michigan Department of Human Services

☐ ORIGINAL ☐ RENEWAL ☐ INTERIM

FOR DHS USE ONLY:
Cashier Code: 45
Paid Amount:
Cashier:

1. Site License Number, if known	2. Camp Type ☐ Resident ☐ Day ☐ Travel ☐ AFC ☐ Troop	3. License Expiration Date
4. Camp Program Name		5. Federal Tax ID #
6. Program Address (No. & Street)		7. County
8. City/State/Zip Code	9. Phone Number	10. Fax Number
11. E-Mail Address	12. Web Address	
13. Name of Sponsoring Organization		14. Federal Tax ID #
15. Address (No. & Street)	16. Phone Number	17. Fax Number
18. City	19. State **MI**	20. Zip Code
21. Name of Director for Program (Must be 21)		22. Years of Experience
23. Address (No. & Street)	24. Phone Number	25. Fax Number
26. City	27. State **MI**	28. Zip Code
29. Maximum Camper Capacity (the maximum number of campers to be accepted at any one time. Do not include staff):	30.Age Range From: To:	

31. Does the entire camp group travel or take trips away from the main campsite listed in box 6 above? ☐ Yes ☐ No
If Yes, an itinerary shall be Attached to this Form or the Status of Your License may be Affected.

32. Camp Period Dates (Do Not List Family Camp

FROM:	Time:	TO:	Time	FROM:	Time	TO:	Time

33. Activities offered (Attach Copy of Typical Daily Schedule):

- ☐ Academics
- ☐ Aquatics
  - ☐ Boating
  - ☐ Canoeing
  - ☐ Sailing
  - ☐ Swimming
  - ☐ Wading
  - ☐ Water-Skiing
- ☐ Archery
- ☐ Campcraft
- ☐ Computers
- ☐ Crafts/Art
- ☐ Cycling
- ☐ Dance
- ☐ Dramatics
- ☐ Field Sports
- ☐ Gymnastics
- ☐ Horseback Riding
- ☐ Leadership
- ☐ Music
- ☐ Nature/Col.
- ☐ Obstacle Course
- ☐ Rapelling
- ☐ Religious Ed.
- ☐ Riflery
- ☐ Ropes Course
- ☐ Snow Skiing
- ☐ Tennis
- ☐ Tobogganing
- ☐ Tripping
- ☐ Other (Specify): _____

34. Site Name/Address/City/State/Zip Code	35. Site License Number

36.

☐ I have read 1973 PA 116 or 1979 PA 218, as appropriate, and the Administrative Rules regulating the operation of a camp, and, if granted a license, will endeavor to comply with the Act and these rules.

☐ In order to permit a proper determination of conformity with the rules, I give permission to the Department to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility. The investigation may include the securing of statements from references I submit, as well as from others who may make judgments as to my ability to comply with the rules.

☐ I hereby certify that if I or any member of the staff having direct contact with campers has been convicted of an offense for other than a minor traffic violation, such information shall be shared with the Department.

☐ I also certify that any information I give in respect to the investigation will be, to the best of my ability, true and correct.

37. Applicant/Representative Signature	38. Title	39. Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: **1973 PA 116 and 1979 PA 218**
COMPLETION: Is required otherwise, applicant cannot be licensed.