

# REQUEST FOR MODIFICATION OF THE TERMS OF THE LICENSE

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)

Submit this form to your licensing consultant.

Facility/Licensee Name	Street Address		License Number
City	State	Zip Code	Telephone Number
<b>Specific Modification Request</b>			
<input type="checkbox"/> Change of Capacity      From (listed on license) _____ To (requested capacity) _____ Note: The capacity of a family home cannot be more than 6. <b>Explain:</b>			
<b>Centers Only:</b> If requesting an increase in capacity, answer the following questions regarding restroom facilities available for <i>children's use</i> : _____ Total number of toilets      _____ Total number of sinks			
<input type="checkbox"/> Yes <input type="checkbox"/> No      Do the number of toilets and sinks meet the requirements of 400.8350(1)? <b>Note:</b> Urinals may be substituted for not more than half the required number of toilets. If no, attach plan for adding toilets and sinks.			
<input type="checkbox"/> Change of Use Space      Explain:			
<input type="checkbox"/> Change of Age Ranges      Explain:			
<input type="checkbox"/> Program Components      Explain:			
<input type="checkbox"/> Other      Explain:			
Additional Comments:			
Licensee/Designee/Program Director Signature			Date

## Centers Only:

**Prior to starting any renovations, remodeling or new construction, contact your licensing consultant about the need for a plan review.**

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