



Michigan Department of Agriculture
 PO Box 30776 * Lansing MI 48909 * 517-241-6666

65168 / 0364

Application is hereby made to the Director of the Michigan Department of Agriculture for an Agricultural Labor Camp License under Part 124, Agricultural Labor Camps, of the Public Health Code, 1978 PA 368, as amended.

2010 Agricultural Labor Camp License Application

Application must be received by MDA 30 days prior to camp occupancy.

Corporate / Owner Information

Business Name _____
 Owner Name _____
 Street Address _____
 City, State, Zip _____
 Phone _____

Migrant Labor Housing Camp / Site Detail

County _____
 Political Township _____
 Camp Name _____
 Camp ID _____
 Street Address _____
 City, State, Zip _____
 Opening Date _____
 Closing Date _____

Housing / Living Unit Detail

Type	Number of Buildings	Square Footage	Occupancy
Self Contained	_____	_____	/ 100 = _____
Dormitory ¹	_____	_____	/ 40 or 50 = _____
Sleeper	_____	_____	/ 50 = _____
			Total _____
			X \$5 = _____

¹ 1/50 sq. ft. or 1/ 40 sq. ft if bunk beds

Total 2010 License Application Fee / Amount Enclosed: _____

Check or Money Order Number: _____

Please make check / money order payable to the State of Michigan and submit to the address at the top of the page

ES-001 (03/10)

I hereby certify that the foregoing information is accurate and complete.

Applicant Signature / Date

Please print your name here: