

TEMPORARY PROVISIONAL LICENSE APPLICATION - INDIVIDUAL

CENTER

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

▼ BCHS USE ONLY	▶ Application is: <input type="checkbox"/> Temporary Provisional
------------------------	--

COMPLETE FOR ALL APPLICANTS

If Individual , Applicant Name (Last, First, Middle)/If Entity , Corporate Name or Sponsoring Organization Name			Social Security Number or Federal ID Number		
Main Contact Name (Last, First, Middle), If Applicable			Social Security Number		
Address (Street Number and Name)			Telephone Number ()		County
City	State	Zip Code	E-mail Address		
Have You Been Previously Licensed To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Are You Currently Licensed To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Have You Applied For Any Other License To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have You, Or Has Any Person That Will Be Assisting In The Care Of Children Or Living In The Child Care Home: <ul style="list-style-type: none"> • Been Convicted of an Offense Other Than A Minor Traffic Violation? <input type="checkbox"/> No <input type="checkbox"/> Yes • A History Of Substantiated Abuse Or Neglect Of Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes 					

Check boxes to confirm statements have been read: <input type="checkbox"/> I have reviewed the Governor's Executive Order 2020-16.	<input type="checkbox"/> I certify that I will notify the Department if I or any person caring for children has been arraigned for an offense specified in MCL 722.115r, MCL 722.115n or has a history of substantiated child abuse or neglect. <input type="checkbox"/> I certify that any information I give in respect to the Department's investigation will be, to the best of my ability, true and correct. <input type="checkbox"/> I give permission to the Michigan Department of Licensing and Regulatory Affairs to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.
---	---

COMPLETE FOR CHILD CARE CENTER ONLY

Facility Name			Corporate Name/Sponsoring Organization Name, if applicable		
Address (Street Number and Name)			Address (Street Number and Name)		
City	State	Zip Code	City	State	Zip Code
Telephone Number ()		County	Telephone Number ()		County
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		

Auspices Status				Send Mail To <input type="checkbox"/> Facility <input type="checkbox"/> Licensee	Corporate Status (Check One) <input type="checkbox"/> None <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
Governmental (Check One)	<input type="checkbox"/> Local Government <input type="checkbox"/> County Government	<input type="checkbox"/> State Government <input type="checkbox"/> Community College	<input type="checkbox"/> State College/University <input type="checkbox"/> Public School		
Non-Governmental (Check All That Apply)	<input type="checkbox"/> Church <input type="checkbox"/> Privately Owned	<input type="checkbox"/> Parent Cooperative <input type="checkbox"/> Employee Sponsors	<input type="checkbox"/> Private Funded Comm. Org. <input type="checkbox"/> Private School/College		

Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)	Title	Date
---	-------	------

LARA is an equal opportunity employer/program.	AUTHORITY: Executive Order 2020-16
--	------------------------------------

