

**TEMPORARY PROVISIONAL LICENSE
APPLICATION - FACILITY**
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

TEMPORARY PROVISIONAL LICENSE

SECTION I APPLICANT AND FACILITY INFORMATION:

Applicant Name (Last, First, Middle)		Birthdate	Soc Sec or FED ID Number	Phone Number
Co-applicant Name (If joint)		Birthdate	Soc Sec or FED ID Number	Phone Number
Address (Street Number & Name)		City		State MI Zip Code
Name of Adult Who Will Assist in an Emergency		Telephone ()		Age
Address (Street Number & Name)		City		State MI Zip Code
Assistant Caregiver, If Any		Age	Assistant Caregiver, If Any	
Assistant Caregiver, If Any		Age	Assistant Caregiver, If Any	
Water Type: (check one) <input type="checkbox"/> Well <input type="checkbox"/> Public		Sewer Type: (check one) <input type="checkbox"/> Septic <input type="checkbox"/> Public		Year Center was Built:
Water Heater (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Electric				
Heat Type: (check all that apply) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler				
Have you been previously or are you presently licensed for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶			Have you applied for any other license to care for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶	
Number of children for whom you wish to be licensed.		Who will provide food?		
Basement <input type="checkbox"/> No <input type="checkbox"/> Yes		Days and Time of Operation (indicate a.m./p.m.):		
Where will children sleep/nap? Describe sleeping arrangements.		Sunday		From: To:
		Monday		From: To:
		Tuesday		From: To:
		Wednesday		From: To:
		Thursday		From: To:
		Friday		From: To:
Saturday		From: To:		
Directions to Center (Indicate Nearest Intersection).				

SECTION II – PROGRAM AND TRAINING INFORMATION

What will the children do during the day? Describe planned daily activities including provisions for outdoor play. List toys/materials – attach a separate sheet, if necessary.

Training (Check all that apply)		Name of Training Agency		Date Card Received
<input type="checkbox"/> Have Completed:	<input type="checkbox"/> Infant & Child CPR ▶	Name of Training Agency		Date Card Received
	<input type="checkbox"/> Adult CPR ▶			
<input type="checkbox"/> Have Not Completed:	<input type="checkbox"/> First Aid Training ▶			
	<input type="checkbox"/> Infant & Child CPR	<input type="checkbox"/> Adult CPR	<input type="checkbox"/> First Aid Training	
Applicant/Licensee Signature		Date	Co-Applicant/Licensee Signature	
			Date	

Authority: Executive Order 2020-16

LARA is an equal opportunity employer/program.