

CHANGE OF ADDRESS

APPLICATION FOR A SUBSTANCE ABUSE LICENSE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Bureau of Health Systems
Division of Licensing & Certification
Substance Abuse Licensing Section

LICENSE NUMBER _____

CA NUMBER _____

CONSULTANT _____

RETURN THIS **ORIGINAL** APPLICATION TO:

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Bureau of Health Systems
Division of Licensing & Certification
Substance Abuse Licensing Section
PO Box 30664
Lansing, MI 48909

**MAIL COPY OF THIS APPLICATION TO
YOUR REGIONAL COORDINATING
AGENCY**

In accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Community Health, Substance Abuse Licensing Section, the undersigned hereby applies for a license to operate a substance abuse treatment, rehabilitation and/or prevention program.

DATE SUBMITTED _____

EFFECTIVE DATE OF CHANGE _____

PROGRAM NAME _____
No more than 95 characters, including spaces and punctuations

ADDRESS _____

P.O. BOX (If Applicable) _____ COUNTY _____

CITY _____, MI ZIP _____ PHONE _____
(Area Code)

INDICATE THE TYPE OF ORGANIZATION THAT IS LEGALLY RESPONSIBLE FOR OPERATION OF THE PROGRAM. PLEASE COMPLETE BOTH PARTS A AND B.

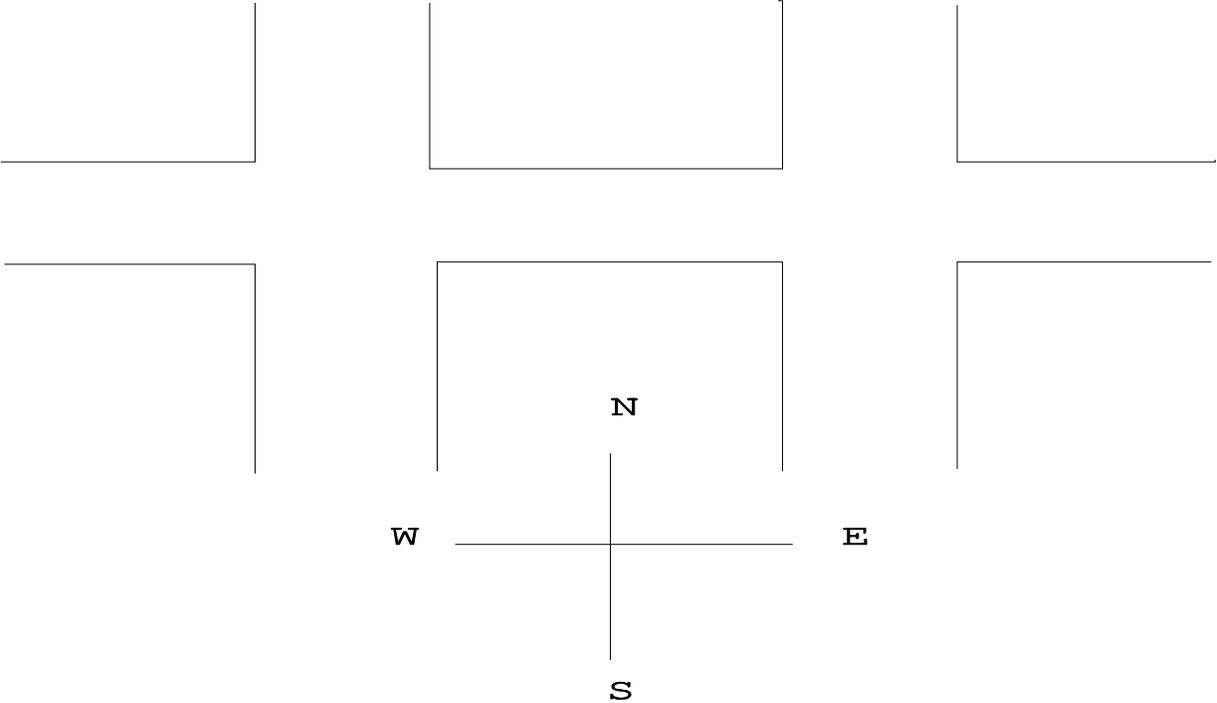
A. For Profit
 Non-Profit

B. Sole Ownership County Government
 Corporation State Government
 Partnership Hospital Authority
 City Government Other-Specify _____

DAYS/HOURS OF OPERATION _____

PROGRAM DIRECTOR'S SIGNATURE _____

DIRECTIONS TO PROGRAM



DIRECTIONS TO PROGRAM SITE: (Please Print) _____

