

CAMP PROGRAM LICENSE APPLICATION

Michigan Department of Human Services
Bureau of Children and Adult Licensing

FOR DHS USE ONLY – Cashier code: 45

License Number:

Paid Amount:

Cashier:

ORIGINAL RENEWAL INTERIM

1. Site License Number, if known		2. Camp Type <input type="checkbox"/> Resident <input type="checkbox"/> Day <input type="checkbox"/> Travel <input type="checkbox"/> AFC <input type="checkbox"/> Troop			3. License Expiration Date	
4. Camp Program Name				5. Federal Tax ID #		
6. Program Address (No. & Street)				7. County		
8. City/State/Zip Code		9. Phone Number		10. Fax Number		
11. E-Mail Address		12. Web Address				
13. Name of Sponsoring Organization				14. Federal Tax ID #		
15. Address (No. & Street)		16. Phone Number		17. Fax Number		
18. City			19. State MI	20. Zip Code		
21. Name of Director for Program (Must be 21)				22. Years of Experience		
23. Address (No. & Street)		24. Phone Number		25. Fax Number		
26. City		27. State MI		28. Zip Code		
29. Maximum Camper Capacity (the maximum number of campers to be accepted at any one time. Do not include staff):		30. Age Range		From:	To:	
31. Does the entire camp group travel or take trips away from the main campsite listed in box 6 above? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, an itinerary shall be Attached to this Form or the Status of Your License may be Affected.		
32. Camp Period Dates (Do Not List Family Camp)				33. Activities offered (Attach Copy of Typical Daily Schedule):		
FROM:	Time:	TO:	Time	<input type="checkbox"/> Academics	<input type="checkbox"/> Computers	<input type="checkbox"/> Nature/Col.
				<input type="checkbox"/> Aquatics	<input type="checkbox"/> Crafts/Art	<input type="checkbox"/> Obstacle Course
				<input type="checkbox"/> Boating	<input type="checkbox"/> Cycling	<input type="checkbox"/> Rapelling
				<input type="checkbox"/> Canoeing	<input type="checkbox"/> Dance	<input type="checkbox"/> Religious Ed.
				<input type="checkbox"/> Sailing	<input type="checkbox"/> Dramatics	<input type="checkbox"/> Riflery
				<input type="checkbox"/> Swimming	<input type="checkbox"/> Field Sports	<input type="checkbox"/> Ropes Course
				<input type="checkbox"/> Wading	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Snow Skiing
				<input type="checkbox"/> Water-Skiing	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Tennis
				<input type="checkbox"/> Archery	<input type="checkbox"/> Leadership Training	<input type="checkbox"/> Tobogganing
				<input type="checkbox"/> Campcraft	<input type="checkbox"/> Music	<input type="checkbox"/> Tripping
				<input type="checkbox"/> Other (Specify):		
34. Site Name/Address/City/State/Zip Code				35. Site License Number		
36. <input type="checkbox"/> I have read 1973 PA 116 or 1979 PA 218, as appropriate, and the Administrative Rules regulating the operation of a camp, and, if granted a license, will endeavor to comply with the Act and these rules. <input type="checkbox"/> In order to permit a proper determination of conformity with the rules, I give permission to the Department to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility. The investigation may include the securing of				statements from references I submit, as well as from others who may make judgments as to my ability to comply with the rules. <input type="checkbox"/> I hereby certify that if I or any member of the staff having direct contact with campers has been convicted of an offense for other than a minor traffic violation, such information shall be shared with the Department. <input type="checkbox"/> I also certify that any information I give in respect to the investigation will be, to the best of my ability, true and correct.		
37. Applicant/Representative Signature		38. Title		39. Date		
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.				AUTHORITY: 1973 PA 116 and 1979 PA 218 COMPLETION: Is required otherwise, applicant cannot be licensed.		