

CAMP PROGRAM LICENSE APPLICATION

Michigan Department of Licensing and Regulatory Affairs
Camp Licensing

FOR CASHIER USE ONLY – Cashier code: 100401

ORIGINAL RENEWAL INTERIM

1. Program License Number		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) FROM: Time: TO: Time				33. Activities offered (Attach Copy of Typical Daily Schedule):	
				<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, if known	
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
LARA is an equal opportunity employer/program.				AUTHORITY: 1973 PA 116 and 1979 PA 218 COMPLETION: Is required otherwise, applicant cannot be licensed.	