

CAMP SITE LICENSE APPLICATION
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

FOR CASHIER USE ONLY – Cashier code: 100401

Original Renewal Interim

1. Site License Number		2. Camp Type <input type="checkbox"/> Resident <input type="checkbox"/> Day <input type="checkbox"/> Troop		3. License Expiration Date	
4. Camp Site Name					
5. Program Address (No. & Street)				6. County	
7. City/State/Zip Code			8. Phone Number		9. Fax Number
10. E-Mail Address			11. Web Address		
12. Name of Sponsoring Organization				13. Federal Tax ID #	
14. Address (No. & Street)			15. Phone Number		16. Fax Number
17. City			18. State MI		19. Zip Code
20. Name of Campsite Owner				21. Federal Tax ID #	
22. Address (No. & Street)			23. Phone Number		24. Fax Number
25. City			26. State MI		27. Zip Code
28. Name of Director for Program (Must be 21)				29. Years of Experience	
30. Address (No. & Street)			31. Phone Number		32. Fax Number
33. City			34. State MI		35. Zip Code
36. Maximum Camper Capacity (the maximum number of campers to be accepted at any one time. Do not include staff):			37. Age Range		From: To:
38. Is Campsite Available for Rent <input type="checkbox"/> Yes <input type="checkbox"/> No		39. Seasons Campsite is Available <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter		40. Camp Site Acreage	
				41. Nearest Body of Water	
42. Activities offered (Attach Copy of Typical Daily Schedule)			43.		
<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"/> Repelling <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): _____			<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.		
44. Applicant/Representative Signature			45. Title		46. Date

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116 and 1979 PA 218
COMPLETION: Is required otherwise, applicant cannot be licensed.