

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Health Professions  
**Substance Abuse Program**  
 P.O. Box 30670  
 Lansing, MI 48909  
 (517) 241-1970  
 Authority: P.A. 368 of 1978, as amended, and R 325.14101-R 325.14928

**FOR OFFICE USE ONLY**

LICENSE NUMBER: \_\_\_\_\_  
 CA NUMBER: \_\_\_\_\_  
 CONSULTANT: \_\_\_\_\_

## CHANGE OF ADDRESS FOR A SUBSTANCE ABUSE LICENSE

**Mail a copy of this Application to the Regional Coordinating Agency which corresponds with the program address. Return this ORIGINAL application to the address above.**

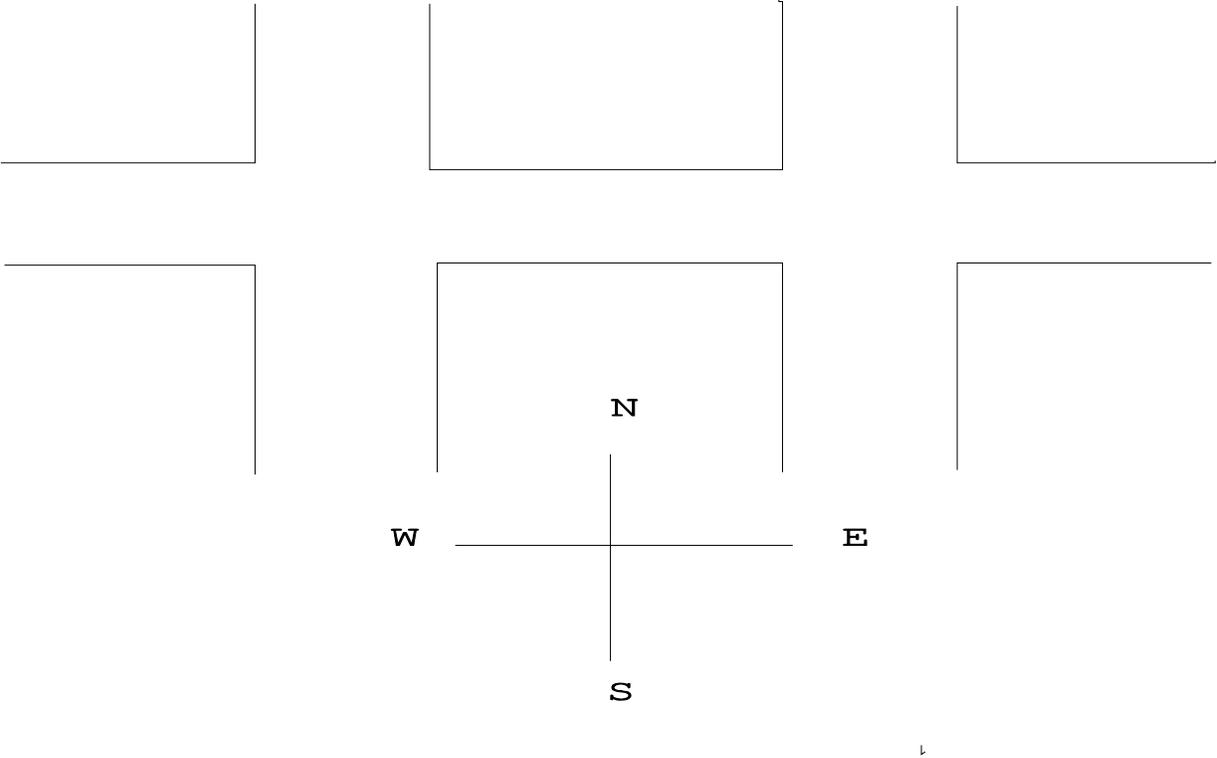
In accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program, the undersigned hereby applies for a license to operate a substance abuse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

PLEASE PRINT OR TYPE CLEARLY

Date Submitted	Effective Date of Change		
Program Legal Name (No more than 95 characters; including spaces and punctuations)			
Street Address (P.O. Box, if applicable)			
City	State	Zip Code	County
Telephone Number with Area Code	Fax Number with Area Code	E-Mail Address	
<p>Indicate the type of organization that is legally responsible for the operation of the program. Please complete both parts A and B.</p> <p>A. <input type="checkbox"/> For Profit  <input type="checkbox"/> Non-Profit</p> <p>B. <input type="checkbox"/> Sole Ownership  <input type="checkbox"/> Corporation  <input type="checkbox"/> Partnership  <input type="checkbox"/> City Government</p> <p><input type="checkbox"/> County Government  <input type="checkbox"/> State Government  <input type="checkbox"/> Hospital Authority  <input type="checkbox"/> Other-Specify:          _____</p>			
<p>Days of Operation: (Check appropriate days)</p> <p>___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday</p>			
<p>Hours of Operation: (Indicate AM/PM)</p> <p>_____ Monday _____ Tuesday _____ Wednesday _____ Thursday          _____ Friday _____ Saturday _____ Sunday</p>			
Program Director's Printed Name and Signature:			

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc.

DIRECTIONS TO PROGRAM



DIRECTIONS TO PROGRAM SITE: (Please Print) \_\_\_\_\_

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