

CAMP SITE LICENSE APPLICATION

Department of Licensing and Regulatory Affairs
Camp Licensing

FOR CASHIER USE ONLY – Cashier code: 41
 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"/> 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
42. Activities offered (Attach Copy of Typical Daily Schedule)		41. Nearest Body of Water
<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): _____		43. <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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.		AUTHORITY: 1973 PA 116 and 1979 PA 218 COMPLETION: Is required otherwise, applicant cannot be licensed.