

<b>ADULT CAMP PROGRAM LICENSE APPLICATION</b> Michigan Department of Licensing and Regulatory Affairs		<b>FOR CASHIER USE ONLY- Cashier code: 100101</b> Paid Amt: Cashier:	
<b>SECTION 1- CAMP PROGRAM INFORMATION</b>			
1. AFC Camp Name		2. Application Type <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Update	3. AFC Camp License Number
4. Camp Type Adult Camp		5. Camp SITE Name	6. Camp SITE License Number (SR or N/A)
7. Camp SITE Address		8. City	9. State MI
10. Zip Code	11. County		12. Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for AFC Camp
13. Date of Birth	14. Phone Number	15. E-mail Address	Camp Director or Chief Administrator <b>must</b> have a comprehensive background clearance and Livescan Fingerprint submitted with this application or on-file with the department.

<b>SECTION II- APPLICANT/LICENSEE ORGANIZATION INFORMATION</b>			
16. Applicant/Licensee Organization Name		17. Federal Tax ID Number	18. Is AFC Camp Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Street Address		20. City	21. State
22. Zip Code		23. Phone Number	24. Fax Number
25. Web Address		26. Licensee/Licensee Designee Name	
		This person <b>must</b> have a comprehensive background clearance and Livescan Fingerprint submitted with this application or on-file with the department.	
27. Licensee/Licensee Designee E-mail Address	28. Licensee/Licensee Designee Title	29. Licensee/Licensee Designee Phone Number	

<b>SECTION III- PROGRAM TERMS</b>			
30. Maximum Camper Capacity Requested (not to include staff)		31. Age Range of Campers	
		From	To
32. Does the entire AFC camp travel or take trips away from the main campsite listed in box 5 above?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, an itinerary must be attached to this form or the status of the license may be affected.</b>
33. Attach sample daily schedule for AFC Camp			
34. AFC Camp dates operating 5 or more days a week for 2 or more consecutive weeks for compensation.			
Start Date:	Start Time:	End Date:	End Time:

<b>SECTION IV- ATTESTATION OF UNDERSTANDING</b>			
35. Check all that apply			
<input type="checkbox"/> I have read and agree to comply with the Adult Foster Care Act 218 of 1979 and camp administrative rules regulating the operation of an adult foster care camp.		<input type="checkbox"/> I certify that all information contained on this document is true and correct.	
<input type="checkbox"/> I understand the background check requirements for licensee designee, administrator, program director, and staff. In addition, I understand my responsibility to assess good moral character found in Act 380 of 1965.			
36. Licensee/Licensee Designee Signature (Box 26)		37. Title	38. Date

<b>MAIL COMPLETED FORM TO:</b> LARA/BCHS Licensing Unit P.O. Box 30664 Lansing, MI 48909	
LARA IS AN EQUAL OPPORUNITY EMPLOYER/PROGRAM.	AUTHORITY: PA 218 of 1979