



## NON-LONG-TERM CARE SUBSTANCE USE DISORDER STATE LICENSURE APPLICATION & CHANGE REQUEST

1. Applicant/Licensee Information					
Facility/DBA Name (current name if licensed, proposed if new applicant, do not include LLC, Inc., etc.):					
Applicant/Licensee Name (corporate name: include if same or different than facility/DBA name):					
State License Number (required if currently licensed): SA			Federal Employer Identification # (EIN):		
License Site Address (current address if licensed, proposed if new applicant):					
City:		State: MI	Zip Code:	Facility Phone Number:	
Mailing Address (only if different than license address - all correspondence & license will be mailed to this location):					
City:				State:	Zip Code:
Administrator Name:		Phone Number:		Email:	

2. Licensure Action	
New Application	Change of Facility/DBA (license) Name
New Branch Application	Change of Ownership or Corporate (licensee) Name
Change in Service Categories	Mobile Unit
Relocation	Branch Changes

3. Service Categories		Proposed Effective Date:			
	Initial/Current	Add Category	Remove Category	Mobile Unit	Branch Location
Outpatient					
Residential					
Residential Clinically Managed Withdrawal					
Residential Medically Monitored Withdrawal					
Methadone					
Inpatient					
CAIT					

<b>4. Change of Facility/DBA (License) Name</b> Parent                      Branch	<b>Proposed Effective Date:</b>
Current Facility/DBA (License) Name:	
Proposed Facility/DBA (License) Name:	

<b>5. Change of Ownership(CHOW) and/or Corporate/Licensee Name Change</b>	<b>Proposed Effective Date:</b>
Current Corporate (Licensee) Name:	
Proposed Corporate (Licensee) Name:	
New Federal Employer Identification # (EIN) (if applicable):	

<b>6. Relocation:</b> Parent                      Branch	<b>Proposed Effective Date:</b>
Address of Current Licensed Facility:	
Proposed Address of Licensed Facility:	

<b>7. Branch Location</b>	<b>Proposed Effective Date:</b>										
License Number of Parent Facility that has been licensed for 2 years: SA											
Address of Parent Facility:											
I attest that all branch office location(s) are located within 75 miles from the parent location and the parent location has been licensed for 2 or more years:											
<b>Branch Location #1</b>	<b>Branch Location #2</b>	<b>Branch Location #3</b>									
Address:	Address:	Address:									
<b>Branch Office Hours</b>	<b>Branch Office Hours</b>	<b>Branch Office Hours</b>									
Must indicate days & times	Open	Close	Total Hours		Open	Close	Total Hours		Open	Close	Total Hours
Monday				Monday				Monday			
Tuesday				Tuesday				Tuesday			
Wednesday				Wednesday				Wednesday			
Thursday				Thursday				Thursday			
Friday				Friday				Friday			
Saturday				Saturday				Saturday			
Sunday				Sunday				Sunday			

8. Mobile Unit		Proposed Effective Date:
License Number of Parent Facility that has been licensed for 2 years: SA		
Address of Parent Facility:		
Mobile Unit #1	Mobile Unit #2	Mobile Unit #3
Vehicle Make:	Vehicle Make:	Vehicle Make:
Vehicle Model:	Vehicle Model:	Vehicle Model:
Vehicle Color:	Vehicle Color:	Vehicle Color:
VIN #:	VIN #:	VIN #:

9. Fees and Payments (all payments and applications/changes must be submitted electronically with links provided below)			
Payment for <a href="#">New Licensure</a> (click here)		Payment for <a href="#">Licensure Change(s)</a> (click here)	
New Application	\$500	CHOW or Corporate Name Change	\$500
Relocation (parent only)	\$500	DBA/Facility (License) Name Change	\$500
Service Category Change(s)	\$500	Branch and/or Mobile Unit Application/Change	No Fee

10. Certification:	
The undersign certifies that all of the information provided is accurate and true (an applicant or licensee who makes a false statement in an application or statement required by the department pursuant to this article is guilty of a felony, punishable by imprisonment for not more than 4 years, or a fine of not more than \$30,000.00, or both.)	
Licensee or Authorized Representative Signature:	Date:

**SUBMIT TO: [LARA-BCHS-NLTCSLS@MICHIGAN.GOV](mailto:LARA-BCHS-NLTCSLS@MICHIGAN.GOV)**

Do not submit this form or payments by mail. Mail submissions cannot be accepted or reviewed.

*Note: If a governmental entity is directly offering SUD services, a license cannot be issued in accordance with MCL 333.6233(1), 333.1106(4), and 333.1104(7). Governmental entities include sovereign tribes, state government agencies, local city or county agencies, and other government units.*