



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

1. Applicant/Licensee Information

Facility/DBA Name (License 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):

Federal Employer Identification # (EIN):

License Site Address (current parent address if licensed, proposed if new applicant. Branch location see page 3):

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:

Email:

2. Type of Change Request or Licensure Action

New Application (must complete section 3)

Relocation

Change of Ownership or Licensee/ Corporate Name

New Branch Licensure & Changes
(SUD license # licensed for 2 years)

Change of Facility/DBA Name (License Name)

Change in Service Categories (must complete section 3)

Mobile Unit
(SUD license # licensed for 2 years)

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					

4. Change in Facility/DBA (License Name) Parent Branch	Proposed Effective Date:
Current License (Facility/DBA) Name:	
Proposed License (Facility/DBA) Name:	

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

6. Relocation Parent Branch	Proposed Effective Date:
Address of Current Licensed Facility:	
Address of Proposed Licensed Facility:	

7. Branch Location	Proposed Effective Date:										
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:											
Branch Location #1				Branch Location #2				Branch Location #3			
Address:				Address:				Address:			
Branch Office Hours				Branch Office Hours				Branch Office Hours			
(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:
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			
Initial Parent Licensure	\$500	CHOW or Corporate Name Change	\$500
Branch Licensure	No Fee	Mobile Unit	No Fee
Relocation (parent only)	\$500	License (DBA/Facility) Name Change	\$500
Service Category Change(s)	\$500		

Electronic payment [New Licensure Application](#) Electronic payment [Changes to Existing License](#)
 (payments can be made either via credit card or electronic check)

Indicate the method chosen and fee amount submitted:

Electronic - Amount Paid: Mailed Written Check - Amount Paid:
 (mailing instructions with 4-6 weeks processing time)

SUBMIT APPLICATION TO: LARA-BCHS-NLTCSLS@MICHIGAN.GOV

10. Administrator Certification	
The undersign certifies that all of the information provided is accurate and true	
Administrator Signature:	Date:

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.