

<b>CAMP SITE LICENSE APPLICATION</b> Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems		<b>FOR CASHIER USE ONLY- Cashier code: 100401</b> Paid Amt: Cashier:	
<b>SECTION 1- CAMP SITE INFORMATION</b>			
1. Camp SITE Name		2. Application Type <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Update	3. SITE License Number (SR or SD)
4. Camp Type <input type="checkbox"/> Residential <input type="checkbox"/> Day		5. Camp SITE Address	6. City, State, Zip Code
7. County	8. Phone Number	9. Fax Number	
10. Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for SITE			11. Date of Birth
12. Phone Number	13. 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 camp licensing division.	

<b>SECTION II- APPLICANT/LICENSEE ORGANIZATION INFORMATION</b>			
14. Applicant/Licensee Organization Name		15. Federal Tax ID Number	16. Is camp SITE Accredited?: (R 400.11102) <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Street Address		18. City	19. State
21. Phone Number		22. Fax Number	20. Zip Code
24. Licensee/Licensee Designee Name [MCL 722.111(1)(r),(ee)]		This person <b>must</b> have a comprehensive background clearance and Livescan Fingerprint submitted with this application or on-file with camp licensing division. [MCL 722.115c]	
25. Licensee/Licensee Designee E-mail Address	26. Licensee/Licensee Designee Title	27. Licensee/Licensee Designee Phone Number	

<b>SECTION III- SITE TERMS</b>			
30. Owner of SITE if different than Licensee Organization		31. Address (Street Address, City, State, Zip Code)	
32. Food Service Onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Private Well? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. Private Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Last QFI: Date: _____ Inspector: _____		36. Approved Camper Capacity: _____	
37. Activities Offered			
General Camp Activities		High Adventure (R400.11401 & R400.11403)	
<input type="checkbox"/> Academic	<input type="checkbox"/> Boating	<input type="checkbox"/> Cycling	<input type="checkbox"/> Ropes Course
<input type="checkbox"/> Dance	<input type="checkbox"/> Sailing	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Winter sports
<input type="checkbox"/> Drama	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/> Travel groups (trips to other locations)
<input type="checkbox"/> Crafts/Arts	<input type="checkbox"/> Swimming	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Go-karts *
<input type="checkbox"/> Leadership Training	<input type="checkbox"/> Wading	<input type="checkbox"/> Obstacle Course	<input type="checkbox"/> Water slide *
<input type="checkbox"/> Music/Band	<input type="checkbox"/> Water-skiing	<input type="checkbox"/> Rappelling/Climbing	<input type="checkbox"/> Zipline *
<input type="checkbox"/> Nature/Ecology	<input type="checkbox"/> Archery	<input type="checkbox"/> Riflery	<input type="checkbox"/> Other:
<input type="checkbox"/> Sports	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

<b>SECTION IV- ATTESTATION OF UNDERSTANDING</b>		
38. Check all that apply.		
<input type="checkbox"/> I have read and agree to comply with the Child Organizations Act 116 of 1973 and administrative rules regulating the operation of a camp.		
<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 a camp (if applicable).		
<input type="checkbox"/> I understand background check requirements for licensee designee, chief administrator, program director, and staff. In addition, I understand my responsibility to assess good moral character found in Act 380 of 1965.		
<input type="checkbox"/> I certify activities marked with "*" are in accordance with Carnival-Amusement Safety Act 225 of 1966.		
<input type="checkbox"/> I understand that the Environmental Health Inspection Request must be submitted to my local health authority by May 1st each year and an acceptable certification issued for continuation of the license status		
<input type="checkbox"/> I understand that a Qualified Fire Inspection must be completed prior to issuance and every two years for continuation of the license status.		
<input type="checkbox"/> I certify that all information contained on this document is true and correct.		
<input type="checkbox"/> I certify the Licensee has a right to occupy the campsite.		
39. Licensee/Licensee Designee Signature (Box 24)	40. Title	41. Date

<b>MAIL COMPLETED FORM TO:</b> Bureau of Community and Health Systems Adult Foster Care and Camps Division P.O. Box 30664 Lansing, MI 48909	
LARA IS AN EQUAL OPPORUNITY EMPLOYER/PROGRAM.	AUTHORITY: PA 116 of 1973 and PA 218 of 1979

## SITE Application Instructions

Directions: Below are the instructions for the completion of the Camp SITE License Application. Note: This application is completed by the applicant for a camp PROGRAM license or individuals who are the licensee or licensee designee. Those completing the application must have a completed comprehensive background check with livescan fingerprint submitted with the application or on-file with the department.

### SECTION I- CAMP SITE INFORMATION

- Box 1. **Camp SITE Name:** The Camp SITE Name is the official name of the Camp SITE license. This license is associated with a specific Licensee Organization (see SECTION II) at a specific address of operation. If renewing the license, ensure the Camp SITE Name is consistent with the name listed on the license. If requesting a Camp SITE Name change, submit letter requesting name change on official organization letter head and signed by Representative with the application.
- Box 2. **Application Type:** Check the purpose of the application that is being submitted. **Original** license applications are required for new camp PROGRAMS or Camp PROGRAMS that are moving locations. **Renewal** applications are required for those licenses expiring in the current calendar year and are renewing the license. **Update** applications are required when changes to the license are requested or information has changed since submitting the prior application (i.e. location, contact information) [R 400.11147]
- Box 3. **SITE License #:** A SITE License number is the assigned license number by the department. Original SITE applications will not have a license number assigned until the application is submitted and enrolled. SITE License prefixes are SD or SR.
- Box 4. **Camp Type:** The camp types are defined in the Licensing Rules for Children's and Adult Foster Care Camps, PA 116 of 1973 and PA 218 of 1979. A quick reference to the camp type definitions is located on the camp licensing webpage under "apply to operate a camp". Check the camp type you are operating.
- Box 5. **Camp SITE Address:** Enter the address of the camp SITE facility. **Note:** Travel and Troop Camps defined in administrative rules are not stationed at a particular camp SITE and therefore should leave Box 5-Box 9 empty.
- Box 6. **City, State, Zip Code:** Enter the name of the city, state, and zip code where the camp SITE is located.
- Box 7. **County:** The county where the Camp SITE is located.
- Box 8. **Phone Number:** Enter the phone number of the camp SITE.
- Box 9. **Fax Number:** Enter the fax number of the camp SITE.
- Box 10. **Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for SITE:** This is the person responsible for the day-to-day operation of the camp SITE.
- Box 11. **Date of Birth:** Enter the date of birth of the Camp Director or Chief Administrator which verifies the individual meets rule 400.11109(2) requiring the camp director is not less than 21 years of age.
- Box 12. **Phone Number:** Enter the phone number of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the SITE.
- Box 13. **E-mail Address:** Enter the E-mail address of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the SITE.

### SECTION II- APPLICANT/LICENSEE ORGANIZATION INFORMATION

- Box 14. **Applicant/Licensee Organization Name:** Enter the name of the organization that is recognized as the Applicant or Licensee for the license. This is the official governmental or non-governmental organization having as its principal function receiving adults in foster care or minor children for care, maintenance, training, and supervision. For further definition see PA 218 of 1979 or PA 116 of 1973.
- Box 15. **Federal Tax ID #:** Enter the Federal Tax ID # for the applicant/licensee organization.
- Box 16. **Is the Camp SITE Accredited?:** Check box Yes or No. Some camps choose to become accredited in an effort to operate with practices that exceed state minimum standards. Camp national accrediting standards represent best practices for those camps that voluntarily seek accreditation. Deeded Status can be requested [R400.11102].
- Box 17. **Street Address:** Enter the Applicant/Licensee Organization street address. This address will be the addressed used for mailing official correspondence and licenses. If a different address is requested, please include with the application on official camp letterhead a letter stating the other address and signed by the representative.
- Box 18. **City:** Enter the City of Applicant/Licensee Organization.
- Box 19. **State:** Enter the State of Applicant/Licensee Organization.
- Box 20. **Zip Code:** Enter the Zip Code of Applicant/Licensee Organization.
- Box 21. **Phone Number:** Enter contact phone number of Applicant/Licensee Organization.
- Box 22. **Fax Number:** Enter fax number of Applicant/Licensee Organization.
- Box 23. **Web Address:** Enter web address of Applicant/Licensee Organization.
- Box 24. **Licensee/Licensee Designee Name [MCL 722.111(1)(r),(ee)]:** The name of the person who meets the definition of a licensee/licensee designee or is applying for a license. This person is the legal representative who is responsible for the license.
- Box 25. **Licensee/Licensee Designee E-mail Address:** Enter the E-mail address for the representative.
- Box 26. **Licensee/Licensee Designee Title:** Enter the title of the representative.
- Box 27. **Licensee/Licensee Designee Phone Number:** Enter the phone number of the representative.

### SECTION III-SITE TERMS

- Box 30. **Owner of SITE if different than Licensee Organization:** Enter the name of the Owner of the SITE if different than the Licensee Organization. Camp SITE Owners must give authorization for use of the Camp SITE by camp operators. This occurs through formal use agreements.
- Box 31. **Address (Street Address, City, State, Zip Code):** Enter the address of the owner of the SITE.
- Box 32. **Food Service Onsite?:** Check Yes or No. Camp Sites that prepare and provide food service program to campers are required to have an environmental health inspection completed by the local health authority annually. Requests are made using the Environmental Health Inspection Request Form and submitted to the local health department.
- Box 33. **Private Well?:** Check Yes or No. Camp Sites that have private must complete an annual Environmental Health Inspection from the local health department and keep water samples within acceptable limits.
- Box 34. **Private Sewer?:** Check Yes or No. Camp Sites that have private sewer must complete an annual Environmental Health Inspection from the local health department.
- Box 35. **Qualified Fire Safety Inspection:** Enter date of last completed qualified Fire Safety Inspection and enter the QFI Inspector name.
- Box 36. **Approved Camper Capacity:** Enter camper capacity approved by the department. Camper capacity is determined by Qualified Fire Safety Inspection for residential camps and a methodology evaluation of inside space, outside space, and toilet facilities for day camps. Original applications will be provided an approved camper capacity at issuance of license. Modification of capacity determinations can be requested by sending a written request to the lead camp licensing consultant, camp licensing division.
- Box 37. **Activities offered:** Check the activities that are offered at the camp. A camp may offer a variety of activities focused on interpersonal and personal skill development. Some of the activities meet the definition of High Adventure Activities that requires specially trained staff or special safety precautions to reduce the possibility of an accident. These high adventure activities require a written program statement outlining requirements found in R 400.11401 and R 400.11403.

### SECTION IV- ATTESTATION OF UNDERSTANDING

- Box 38. **Check all that apply:** Check each box for attestation of understanding. This verifies that the applicant/licensee/designee understands the statutes, administrative rules, requirements for background checks, and high adventure requirements for Carnival-Amusement Safety act 225 of 1966. Also, that all information contained on this document is true and correct.
- Box 39. **Licensee/Licensee Designee Signature (Box 24):** The signature of the person who meets the definition of a licensee/licensee designee or is applying for a license. This person is the legal representative responsible for the license.
- Box 40. **Title:** Title of the Licensee/Licensee Designee.
- Box 41. **Date:** Date of signature of application. Date: MM/DD/YYYY