

OWNERSHIP INTEREST DISCLOSURE

State of Michigan - Licensing and Regulatory Affairs - Child Care Licensing Bureau

722.115m Child care center, group child care home, or family child care home; requirements for licensure; disclosure of ownership interest.
Sec. 5m.

(3) An applicant for a child care center license must disclose the ownership interest in the child care center as follows:

- (a) If the owner is a trust, the applicant must disclose the names and addresses of all the trustees.
- (b) If the owner is a privately held corporation, the applicant must disclose the names and addresses of all shareholders, officers, and directors.
- (c) If the owner is a publicly held corporation, the applicant must disclose the names and addresses of the officers and directors and all shareholders holding a direct or indirect interest of greater than 5%.
- (d) If the owner is a partnership or limited liability partnership, the applicant must disclose the names and addresses of all the partners.
- (e) If the owner is a limited partnership or limited liability limited partnership, the applicant must disclose the names and addresses of all partners, both general and limited.
- (f) If the owner is a limited liability company, the applicant must disclose the names and addresses of all members and managers.
- (g) If the owner is a legal entity not covered under subdivisions (a) to (f), the applicant must disclose the names and address of all individuals that participate in governance for the legal entity.

If the licensee is a trust, privately held corporation, publicly held corporation, partnership, limited liability partnership, limited partnership, limited liability limited partnership, limited liability company, or a legal entity with a governing body, the following information must be provided for the following individuals:

- Trustees
- Officers
- Partners
- Managers
- Presidents
- Shareholders
- Directors
- Members
- Board Members
- Superintendents

License Number	Facility Name			
Number of Individuals with Ownership Interest	Facility Address (Street number and Name)			
	City	State	Zip	County

Complete this section for each individual with ownership interest. If more space is needed, please attach additional copies of this form.

Individual's Name (Last, First, Middle Initial)	Cell Number (optional)	Title	Email (optional)	
Home Address (Street Number and Name)		City	State	Zip
Individual's Name (Last, First, Middle Initial)	Cell Number (optional)	Title	Email (optional)	
Home Address (Street Number and Name)		City	State	Zip
Individual's Name (Last, First, Middle Initial)	Cell Number (optional)	Title	Email (optional)	
Home Address (Street Number and Name)		City	State	Zip
Individual's Name (Last, First, Middle Initial)	Cell Number (optional)	Title	Email (optional)	
Home Address (Street Number and Name)		City	State	Zip

Licensee Designee's Name	Licensee Designee's Signature	Date
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