

REQUEST FOR MODIFICATION OF THE TERMS OF THE LICENSE

Michigan Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

www.michigan.gov/michildcare

Submit this form to your licensing consultant.

Facility/Licensee Name	Street Address		License Number
City	State	Zip Code	Telephone Number
Specific Modification Request			
<input type="checkbox"/> Change of Capacity From (listed on license) _____ To (requested capacity) _____ Note: The capacity of a family home cannot be more than 6. Explain:			
Centers Only: If requesting an increase in capacity, answer the following questions regarding restroom facilities available for <i>children's use</i> : _____ Total number of toilets _____ Total number of sinks			
<input type="checkbox"/> Yes <input type="checkbox"/> No Do the number of toilets and sinks meet the requirements of 400.8350(1)? Note: Urinals may be substituted for not more than half the required number of toilets. If no, attach plan for adding toilets and sinks.			
<input type="checkbox"/> Change of Use Space Explain:			
<input type="checkbox"/> Change of Age Ranges Explain:			
<input type="checkbox"/> Program Components Explain:			
<input type="checkbox"/> Other Explain:			
Additional Comments:			
Licensee/Designee/Program Director Signature			Date

Centers Only:

Prior to starting any renovations, remodeling or new construction, contact your licensing consultant about the need for a plan review.

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