



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

RE: CHILD CARE APPLICATION – CENTERS

Dear Applicant:

The following is information regarding application for a child care center.

Instructions and additional materials are included which will assist you in completing the application.

Please complete and return all of the required application materials with the application fee to:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
P.O. Box 30664  
Lansing, MI 48909-8164

All of the required application materials must be returned in the same envelope. The application fee is \$150.00 for 1-20 children, \$200.00 for 21-50 children, \$250.00 for 51-100 children, and \$300.00 for 101 or more children. The check or money order for payment of the application fee must be payable to the "State of Michigan."

**Please make and keep copies of all documents submitted to the Bureau of Community and Health Systems for future reference.**

For additional information, please contact the Licensing Unit at (517) 284-9738 or toll free at (866) 685-0006 or fax at (517) 284-9709.

Thank you.

# CHILD CARE CENTERS LICENSING PROCESS

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

## THE CHILD CARE LICENSING LAW

It is illegal in the State of Michigan to care for unrelated children in a group setting without being licensed. The Child Care Organizations Act ([1973 PA 116](#)) and the [Licensing Rules for Child Care Centers](#) are the statutory base for the standards of child care centers in the State of Michigan. These are the minimum standards by which programs are regulated. They do not guarantee high quality in child care. In signing the application, you agree to comply with the Act and Rules.

## TIME FRAME FOR LICENSING PROCESS

As an applicant, you can expect the licensing process to take 3 to 6 months to complete **after** you submit a complete application packet. Individual circumstances may affect the actual time required to issue your license.

The amount of time required in issuing the license will depend upon completion of:

- Final approval from the appropriate qualified fire inspector and health department.
- Providing documentation of compliance with the Licensing Rules for Child Care Centers and the Child Care Organization Act (1973 PA 116).

## SITE SELECTION

A license is issued to a specific person or organization at a specific location. It is non-transferable and remains the property of the department. Therefore, an application to establish a child care center must be for a specific location. You may save time and money if (**before construction, purchase or lease of a building**) you:

- ~ Check with your local zoning board or other authority to obtain permission to operate a child care business.
- ~ Conduct a needs assessment or feasibility study to determine if you have chosen a viable location.
- ~ Contract with a qualified fire inspector for a fire safety assessment of your chosen site. The inspection will tell you if you need to make changes to the building. A listing of approved fire inspectors can be found at [http://www.michigan.gov/lara/0,4601,7-154-63294\\_5529\\_49572\\_53751-82388--,00.html](http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572_53751-82388--,00.html).

**NOTE:** New construction or renovation may require a plan review (See the New Construction/Renovation/Structural modifications section of this document.)

## APPLICATION

Return **ALL** of the items listed below as a **COMPLETE PACKET**. All items must be filled out and **returned together in the same envelope to:**

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
P.O. Box 30664  
Lansing, MI 48909-8164

1. Child Care Application (BCAL-3970).
2. Supplemental Information Child Care Center (BCAL-3601).
3. Check or money order payable to the “**State of Michigan.**”
4. Child Care Center Designee Form (BCAL-5003) (if applicable).
5. Copy of valid driver license or a valid state or federal government issued ID card for the applicant, licensee and/or licensee designee.
6. Child Care Licensing Information Request (BCHS-CC-001) form for applicant, licensee, licensee designee, each partner, officer, program director, or manager of a child care center. These forms will be sent to you after submitting your application and fee.

## Return to Your Local Licensing Office

Program Director Qualifications - Transcripts are used to verify the semester hours of credit from an accredited college or university. Depending on the individual's specific education, the individual may have to submit verification of hours of experience working with children. See Licensing Rules 400.8113 for detailed education and hours of experience requirements. Submit this information with a cover letter identifying the name and address of the proposed facility.

### **FACILITY INSPECTIONS**

Fire safety and environmental health inspections are required. It is your responsibility to make arrangements for initial and any follow-up inspections and pay for any fees charged for these inspections

**FIRE SAFETY INSPECTION** – All original applications require a fire safety inspection by a qualified fire safety inspector. The list can be found at [http://www.michigan.gov/lara/0,4601,7-154-63294\\_5529\\_49572\\_53751-82388--,00.html](http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572_53751-82388--,00.html). For centers operating in a school building, a copy of a previous approval from the Bureau of Fire Services, the State Fire Marshal or a statement from the school district superintendent using the Certification of School Building Compliance with Fire Safety Provisions (BCAL-5043) form is acceptable. The completed report must be forwarded to the local licensing office.

**ENVIRONMENTAL HEALTH** - All original applications require an environmental health inspection. The Environmental Health Inspection Request (BCAL-1787-CC) is included in your application packet. Fees charged by the local health agency are your responsibility. The completed report must be forwarded to the local licensing office.

**LEAD HAZARD RISK ASSESSMENT** - Child care centers located in structures built before 1978 must have a lead hazard risk assessment performed by a certified lead risk assessor. Any lead hazards identified must be addressed as noted in the lead hazard risk assessment report. For more information and a list of certified lead risk assessors go to [http://www.michigan.gov/dhs/0,4562,7-124-5529\\_49572\\_53751-336885--,00.html](http://www.michigan.gov/dhs/0,4562,7-124-5529_49572_53751-336885--,00.html). The Lead Hazard Risk Assessment Summary (BCAL-4344) form must be included with the lead hazard risk assessment.

**PLAYGROUND EQUIPMENT SAFETY INSPECTION** - If there is playground equipment on the premises of the child care center, it is your responsibility to ensure the playground equipment, surfacing and use zones comply with licensing rule 400.8170(11). This is usually determined by having a playground inspection. See [www.michigan.gov/dhs/0,1607,7-124-5455\\_49572\\_53751-217255--,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5455_49572_53751-217255--,00.html) for more information on playground inspections and documentation of playground safety.

### **NEW CONSTRUCTION/RENOVATION/STRUCTURAL MODIFICATIONS**

If you are constructing a new building, renovating a building or making structural changes to an existing licensed building, plan reviews are required from the Bureau of Fire Safety and your local environmental health authority. See the fire safety and environmental health inspection sections later in this document for more information on plan reviews.

### **SUPPORTING DOCUMENTS, PLANS, AND POLICIES**

When all application materials have been received and the environmental health and fire safety inspections completed, the licensing consultant will conduct an on-site inspection to assess compliance with all licensing rules. Technical assistance and consultation is provided. The following plans, policies, or documentation must be available for review per the rules indicated below:

- a. Program Plans - R400.8179
- b. Discipline Policy - R400.8140(4)
- c. Children's Records - R400.8143
- d. Emergency and Evacuation Plans – R400.8161
- e. Equipment List - to reflect compliance with R400.8173
- f. Nutrition and Food Service – R400.8330 – R400.8340
- g. Operational Policies - R400.8146
- h. Screening Policy for Staff/Volunteers - R400.8125, R400.8128
- i. Staff Records and Staffing Plan - R400.8125, R400.8128
- j. Staff Training Plan - R400.8131
- k. CPR, First Aid and Blood Borne Pathogen Training Requirements – R400.8131
- l. Plan of Indoor and Outdoor Use Space and documentation of playground safety - R400.8167, R400.8170

If the proposed center will be providing care for specific age groups or other program components, additional licensing rule areas will need to be discussed such as:

- Infant and toddlers
- School-age children
- Swimming
- Night-time care
- Transportation

- FAMILY – 6 or less  
 GROUP – 7 to 12  
 CENTER

### CHILD CARE APPLICATION

Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems

<b>FOR CASHIER USE ONLY – Cashier code: 100201</b>
License Number: _____

<b>BCHS USE ONLY</b>	<b>Application is:</b>
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal
	<input type="checkbox"/> Other

**COMPLETE FOR ALL APPLICANTS**

If Individual, Applicant Name (Last, First, Middle)/If Entity, Corporate Name or Sponsoring Organization Name			Social Security Number or Federal ID Number		
Joint Applicant Name (Last, First, Middle), If Applicable			Social Security Number		
Address (Street Number and Name)			Telephone Number ( )		County
City	State	Zip Code	E-mail Address		
Have You Been Previously Licensed To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Are You Currently Licensed To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Have You Applied For Any Other License To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have You, Or Has Any Person That Will Be Assisting In The Care Of Children Or Living In The Child Care Home:					
• Been Convicted of an Offense Other Than A Minor Traffic Violation?			<input type="checkbox"/> No <input type="checkbox"/> Yes		
• A History Of Substantiated Abuse Or Neglect Of Children Or Adults?			<input type="checkbox"/> No <input type="checkbox"/> Yes		

Check boxes to confirm statements have been read:		<input type="checkbox"/> I certify that I have a high school diploma, GED certificate or equivalent (new family/group home applicants only).			
<input type="checkbox"/> I have reviewed the Child Care Organizations Act (1973 PA 116) and the licensing rules for the operation of the child care organization indicated above, and if granted a license, certificate of approval, or certificate of registration, I agree to comply with the Act and Rules.		<input type="checkbox"/> I certify that I will notify the Department if I or any member of my household or any person caring for children has been arraigned for an offense specified in MCL 722.115r, MCL 722.115n or has a history of substantiated child abuse or neglect.			
<input type="checkbox"/> I understand that the Department must enter and inspect my home or center to enforce the Act and Rules. I give consent to the Department to inspect my home or center for licensing purposes which includes initial, renewal, interim, and follow-up inspections of the proposed/approved child care areas of my home or center and non-child care areas that are relevant to the licensing purpose. I understand that I may withdraw this consent in whole or in part at any time, subject to licensing requirements.		<input type="checkbox"/> I am aware of the legal provision that to operate a child care organization without a license constitutes a misdemeanor as stated in 1973 PA 116, Section 15.			
<input type="checkbox"/> I agree not to care for more children at one time than my licensed capacity states.		<input type="checkbox"/> I certify that any information I give in respect to the Department's investigation will be, to the best of my ability, true and correct.			
		<input type="checkbox"/> I give permission to the Michigan Department of Licensing and Regulatory Affairs to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.			

**COMPLETE FOR CHILD CARE CENTER ONLY**

Facility Name			Corporate Name/Sponsoring Organization Name, if applicable		
Address (Street Number and Name)			Address (Street Number and Name)		
City	State	Zip Code	City	State	Zip Code
Telephone Number ( )	County		Telephone Number ( )	County	
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		

<b>Auspices Status</b>				Send Mail To <input type="checkbox"/> Facility <input type="checkbox"/> Licensee	Corporate Status (Check One) <input type="checkbox"/> None <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
<b>Governmental</b> (Check One)	<input type="checkbox"/> Local Government <input type="checkbox"/> County Government	<input type="checkbox"/> State Government <input type="checkbox"/> Community College	<input type="checkbox"/> State College/University <input type="checkbox"/> Public School		
<b>Non-Governmental</b> (Check All That Apply)	<input type="checkbox"/> Church <input type="checkbox"/> Privately Owned	<input type="checkbox"/> Parent Cooperative <input type="checkbox"/> Employee Sponsors	<input type="checkbox"/> Private Funded Comm. Org. <input type="checkbox"/> Private School/College		

Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)	Title	Date
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LARA is an equal opportunity employer/program.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: No license will be issued.
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# SUPPLEMENTAL INFORMATION CHILD CARE CENTER

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

ORIGINAL

RENEWAL

Center Name		<b>LICENSE NUMBER REQUIRED ▼ FOR RENEWALS ONLY ▼</b>
County	Today's Date	

Applicant's Name (Individual Sponsoring Organizations)

Email Address

### ORGANIZATIONS WITH BOARD OF DIRECTORS

Chairperson/President's Name	Home Telephone Number	Work Telephone Number	
Home Address ( <i>Street Number and Name</i> )	City	State	Zip Code
Secretary's Name Home	Home Telephone Number	Work Telephone Number	
Home Address ( <i>Street Number and Name</i> )	City	State	Zip Code
Treasurer's Name	Home Telephone Number	Work Telephone Number	
Home Address ( <i>Street Number and Name</i> )	City	State	Zip Code

### CENTER PROGRAM DIRECTOR

Center Program Director's Name ( <i>Last, First, Middle</i> )	Former or Maiden Name(s)	Home Telephone Number	
Home Address ( <i>Street Number and Name</i> )	City	State	Zip Code

**NOTIFY THIS OFFICE OF ANY CHANGES OF BOARD MEMBERS OR PROGRAM DIRECTOR.**

### LICENSE TERMS

Does the Center have (check one):		Water: <input type="checkbox"/> public <input type="checkbox"/> private	Sewage: <input type="checkbox"/> public <input type="checkbox"/> private
Age Range ( <i>Indicate all applicable</i> )			Child Capacity Requested:
<input type="checkbox"/> BIRTH TO 2 ½ YEARS	<input type="checkbox"/> 2 ½ YEARS THROUGH 5 YEARS	<input type="checkbox"/> 6 YEARS AND OLDER	Year the Facility was Built:
Specific Ages:	Specific Ages:	Specific Ages:	

### PROGRAM INFORMATION

Operation Type ( <i>Check all applicable</i> )			
<input type="checkbox"/> FULL DAY	<input type="checkbox"/> PART DAY	<input type="checkbox"/> BEFORE SCHOOL	<input type="checkbox"/> AFTER SCHOOL
		<input type="checkbox"/> EVENING	<input type="checkbox"/> OVERNIGHT
Months of Operation ( <i>Check one box only</i> )			
<input type="checkbox"/> YEAR-ROUND	<input type="checkbox"/> SCHOOL YEAR	<input type="checkbox"/> SEASONAL (Specific Months)	
Additional Program Components ( <i>Check all applicable</i> )		<input type="checkbox"/> ON-SITE FOOD PREPARATION AND SERVICE	
<input type="checkbox"/> INFANTS/TODDLERS	<input type="checkbox"/> NIGHT-TIME CARE	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> TRANSPORTATION

Days and Time of Operation (indicate a.m./p.m.)		
Sunday	From:	To:
Monday	From:	To:
Tuesday	From:	To:
Wednesday	From:	To:
Thursday	From:	To:
Friday	From:	To:
Saturday	From:	To:

### DIRECTIONS TO CENTER

(Indicate nearest intersection)

AUTHORITY: 1973 PA 116  
 COMPLETION: Is required.  
 CONSEQUENCE FOR NONCOMPLETION: Applicant cannot be licensed.

LARA is an equal opportunity employer/program.

**CHILD CARE LICENSEE DESIGNEE  
STATE OF MICHIGAN**

Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
Child Care Licensing Division

The Child Care Organizations Act allows a licensee to designate another individual - called a licensee designee - to act on behalf of the licensee on licensing matters. The individual must be designated in writing by the person legally responsible for the license (board president, owner, superintendent, etc.). Note: All license applications must still be signed by the legally responsible person; they cannot be signed by the licensee designee.

***If your organization wishes to do this, the legally responsible person (board president, superintendent, owner, etc.) must complete this form, designating another person as the representative for the licensee. The person being designated must agree in writing to be the licensee designee.***

I designate \_\_\_\_\_  
Name of Designee and Position

to serve as \_\_\_\_\_'s representative for  
Licensee Name

\_\_\_\_\_. This person  
Name of Child Care Center

shall be legally responsible to represent the licensee in all licensing matters.

Name of Person Legally Responsible for the License (Board President, Owner, Superintendent, etc.)	Position
_____	_____
Signature	Date

I agree to be the licensee designee for the above named licensee and child care center.

Name of Designee \_\_\_\_\_  
Signature Date

**Note:** New licensee designees may need to be fingerprinted. Please contact your licensing consultant to determine if fingerprints are needed and to obtain instructions on the process.

Authority: 1973 PA 116 Completion required if you wish to designate another person as representative	LARA is an equal opportunity employer/ program.
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**STAFFING PLAN: CHILD CARE CENTERS  
PART 1: ALL STAFF AND VOLUNTEERS**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

**List information for all staff and volunteers in the program.**

Facility Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Licensee or Authorized Designee)

\*All volunteers must have a signed abuse/neglect statement. All volunteers that have contact with children at least 4 hours per week for 2 or more consecutive weeks must have a TB test. All unsupervised volunteers must have CCBC Eligibility.

\*\*The original consent and disclosure should be on file. If unavailable, a new consent and disclosure form must be completed, signed, and dated. The updated form must include a statement that the original consent and disclosure form is not available, but that it was signed prior to fingerprinting.

Note: All caregivers in infant/toddler classrooms must have shaken baby & infant safe sleep training prior to caring for infants and toddlers.

**Instructions:** List all staff in Column 1 under "NAME", including lead caregivers.

Name	Position and Age Group/Assigned Room	Date of Hire	Work Schedule		Date of	Date of Completion					Child Care Background Check**			Date of	Date of	
			Days	Times	TB Test	CPR Infant	CPR Child	CPR Adult	First Aid	Blood-Borne Pathogen	Consent and Disclosure Form Date	Date Printed	Eligibility Date	Signed Abuse/Neglect Statement	Annual Evaluation	

**You may copy this form if you need additional sheets.**

Authority: 1973 PA 116 Completion: Mandatory Consequence: Failure to provide requested information may result in license denial/revocation.	LARA is an equal opportunity employer/program.
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STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

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DIRECTOR

## Directory of Independent and Local Qualified Fire Safety Inspectors for Child Care Centers

### Importance of Fire Safety

Fire safety inspections are a necessary part of the licensing process. It is a means of assuring that the building used for a child care center is in compliance with essential fire safety requirements for licensure.

### Procedures for Requesting Fire Safety Plan Reviews (New Construction, Additions, Remodeling)

Architectural plan reviews will be provided by the Bureau of Fire Services (BFS) – Child Care section at no cost to the applicant or licensee. A plan review conducted by BFS is required for the following situations:

- New construction.
- Renovation.
- Remodeling.
- Addition to building.

The applicant must submit a set of construction plans, along with the Application for Child Care Plan Review (BCHS-FS-13), directly to BFS. The BCHS-FS-13 and additional information can be obtained from the [BFS website](#). If the total cost of the project is \$15,000 or more, the plans must be prepared and sealed by a registered architect or engineer. Appropriate BFS - Child Care Section staff will review these plans, and a plan review letter will be returned to the submitter.

Note: Changing interior finishes (e.g., new ceiling tiles, wall finishes, etc.), door hardware, door swing, or door installations would not require a plan review; however, a qualified fire inspector (QFI) must complete an on-site inspection of the changes.

BUREAU OF FIRE SERVICES  
P.O. BOX 30700 • LANSING, MICHIGAN 48909  
Phone (517) 241-8847 • Fax (517) 332-1427  
[www.michigan.gov/bfs](http://www.michigan.gov/bfs)

LARA is an equal opportunity employer/program.

## Procedures for Requesting Fire Safety Inspections (Conversions, Consultations, Etc.)

Fire safety inspections for conversions, consultations and, if required, existing licensed child care centers must be obtained by the applicant from one of the individuals on the [Independent Qualified Fire Safety Inspectors](#) list.

However, if the proposed or licensed child care center is located within a city that has signed an agreement with the state to conduct fire safety inspections for licensure, within their jurisdiction only, one of their listed qualified fire inspectors must be contacted. These departments are identified on a separate [local qualified fire safety inspectors](#) list.

Applicants must arrange or contract with a qualified fire safety inspector, and, are responsible for any costs of obtaining the inspection. The Department of Licensing and Regulatory Affairs will not accept a fire safety inspection report from any other authority, individual or organization that is not on the current applicable list.

If you have further questions regarding this program, please contact BFS or your licensing consultant.

BUREAU OF FIRE SERVICES  
P.O. BOX 30700 • LANSING, MICHIGAN 48909  
Phone (517) 241-8847 • Fax (517) 332-1427  
[www.michigan.gov/bfs](http://www.michigan.gov/bfs)

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## **Environmental Health Inspections**

### **Please read this before proceeding any further**

You must use the enclosed Environmental Health Inspection Request (BCAL-1787-CC) to arrange this inspection through your local health authority.

In order to determine which health inspection agency you will need to send the Environmental Health Inspection Request (BCAL-1787-CC) to, please go to [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) > [Inside MDHHS](#) > [County Offices](#) > [Local Health Departments](#) and click on the county in which your center is located. Fill in section 6 on the Environmental Health Inspection Request (BCAL-1787-CC) with the name and address of the health inspection agency.

**This inspection will be at your expense.** Contact your local health authority to verify the cost of the inspection.

If you have additional questions about the need to request a health inspection, please contact your local health department or call 866-685-0006.

#### Plan Reviews for a Child Care Center:

A child care center applicant/licensee considering new construction, renovation or structural modification of the kitchen, bathroom or food preparation or food storage area must contact the local environmental authority using the BCAL-1787-CC to assure compliance with all local regulations. If the local environmental health authority will not do a plan review, the applicant/licensee must provide documentation to Child Care Licensing.

**ENVIRONMENTAL HEALTH INSPECTION REQUEST**  
 Michigan Department of Licensing and Regulatory Affairs  
 Child Care and Camps

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE FEE.

1. License Number
2. Expiration Date
3. Status of License
4. Proposed/Current Capacity <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+
5. Please return the completed inspection report by this date:

6. Name and Address of Local Health Department

HEALTH DEPARTMENT TELEPHONE NUMBER

7. Reason for Inspection

New Application  
 Reinspection  
 Renewal Inspection  
 Complaint (Specify in No. 24)

Addition/Plan Review  
 Proposed New Construction/Plan Review  
 Other (Specify in No. 24)

8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use BCAL-1788-CC)

Children's Camp or Adult Foster Care Camp  
 Child Care Center  
 Special Request (explain in No. 24)

9. Return Completed Inspection Report to Your Licensing Consultant. Go to [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)>How Do I?>Contact My Consultant for your consultant's address.

10. Name of Licensing Worker

\_\_\_\_\_  
 Telephone Number

11. Address of Licensing Worker/Consultant (Number, Street)

\_\_\_\_\_  
 City Zip Code

12. Name of Facility

22. Directions to Facility From Nearest Major Intersection

13. Name of Administrator/Contact Person

14. Address of Facility (Number, Street)

15. City

16. Township

23. Comments

17. County

18. Zip Code

19. Facility Telephone Number

20. Alternate Telephone Number

21. Date of Last Environmental Health Inspection

24. To be completed by license applicant/licensee:  
 I request the health authority to conduct an environmental health inspection that is in accordance with the Sanitarians' Field Manual for Environmental Health Inspections of Facilities Licensed by the State of Michigan Department of Licensing and Regulatory Affairs of the facility indicated in box 13 of this document.

\_\_\_\_\_  
 Signed Date

25. L.H.D. Use

Fee Amount \$ \_\_\_\_\_ Payment made by check ( # \_\_\_\_\_ ), cash, other \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116  
 COMPLETION: Required.  
 NON-COMPLETION: No registration/license will be issued.