



2009 Agricultural Labor Camp License Application

Completion of this form is necessary to obtain an Agricultural Labor Camp License.

Application is hereby made to the Director, Michigan Department of Agriculture, for an Agricultural Labor Camp License under the provisions of Part 124 of Act 368, P.A. 1978, as amended. Please type or print. Application must be received by MDA 30 days prior to camp occupancy.

Contact Information for Individual / Company Submitting Application

Owner Name	<input type="text"/>	Phone	<input type="text"/>	Date of Birth	<input type="text"/>
Street Address	<input type="text"/>	Cell / Alt.	<input type="text"/>		
City, State, Zip	<input type="text"/>	Fax	<input type="text"/>		

Proposed Housing Sites for Licensure

Housing Location		Occupancy Dates		Number of:	
Camp Name	<input type="text"/>	Open	<input type="text"/>	Living Units	<input type="text"/>
Street Address	<input type="text"/>	Close	<input type="text"/>	Occupants	<input type="text"/>
City, State, Zip County/Camp ID	<input type="text"/>				
Camp Name	<input type="text"/>	Open	<input type="text"/>	Living Units	<input type="text"/>
Street Address	<input type="text"/>	Close	<input type="text"/>	Occupants	<input type="text"/>
City, State, Zip County/Camp ID	<input type="text"/>				
Camp Name	<input type="text"/>	Open	<input type="text"/>	Living Units	<input type="text"/>
Street Address	<input type="text"/>	Close	<input type="text"/>	Occupants	<input type="text"/>
City, State, Zip County/Camp ID	<input type="text"/>				
Camp Name	<input type="text"/>	Open	<input type="text"/>	Living Units	<input type="text"/>
Street Address	<input type="text"/>	Close	<input type="text"/>	Occupants	<input type="text"/>
City, State, Zip County/Camp ID	<input type="text"/>				

I hereby certify that the foregoing information is accurate and complete.

**Applicant
Signature / Date**

Complete the attached self-inspection survey and complete repairs before scheduling licensing inspection