



Montgomery County Department of Health and Human Services  
 Licensure and Regulatory Services  
 2425 Reddie Dr. 9<sup>th</sup> Floor, Wheaton, Maryland 20902  
 Phone: 240-777-3986  
[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**CERTIFIED FOOD SERVICE MANAGER LICENSE APPLICATION**

**(Application and Certified Food Manager Certification print-out must be presented in person by the applicant)**

TODAY'S DATE: \_\_\_\_\_

NEW     RENEWAL     TRANSFER FROM AN APPROVED JURISDICTION     REPLACEMENT OF LOST CARD

Name of Applicant: \_\_\_\_\_

Home Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

Cell Phone or Home Telephone No.: \_\_\_\_\_

**New or Renewal:**

Name of Organization Issuing Certificate: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**Or**

**Transferring Certified Food Manager's card from an approved jurisdiction:**

Issued By: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

I hereby certify that the above information is accurate and complete. In addition, I understand that providing false information may result in revocation of my Montgomery County Certified Food Service Manager's License.

**Signature of Applicant:** \_\_\_\_\_

**Printed Name of Above Signatory:** \_\_\_\_\_

**Payment Method:** MasterCard, Visa, Check or Money Order made payable to "Montgomery County, Maryland"

**CASH IS NOT ACCEPTED**

**Fee:** New, renewal, transfer card: **\$50**      replacement of lost or stolen card: **\$10**

**OFFICE USE ONLY**

Receipt No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Check/Money Order No./Visa/MC: \_\_\_\_\_ ID No. \_\_\_\_\_