



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

255 Rockville Pike, 1st Floor, Suite 100; Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

CERTIFIED FOOD SERVICE MANAGER LICENSE APPLICATION

New ☐ Renewal ☐ Replacement of Lost Card ☐

TODAY'S DATE: _____

Name of Applicant: _____

Address of Applicant: _____
(include street number, unit number, street name, city, state, and zip code)

Work Telephone No. (with area code): _____ Home Telephone No. (with area code): _____

Fax No. (with area code): _____ Email: _____

First 4 Letters of Last Name and First 4 of First Name: _____

Name of Organization Issuing Certificate: _____ Exam Date: _____

Transferring Certified Manager's card from another 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: Cash is not accepted.

Check ☐ Money Order ☐ Visa ☐ Mastercard ☐ Organization: _____

Fee: \$50.00 for a new or renewal card \$10.00 for a replacement card

Submit completed application and fee to DHHS/Licensure & Regulatory Services. Checks or money orders must be made payable to "**Montgomery County, Maryland**".

OFFICE USE ONLY

Receipt No.: _____ Date Issued: _____ Staff Initials: _____

Amount Paid: \$ _____ Date Expires: _____

Check/Money Order No.: _____ ID No.: _____