



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

www.montgomerycountymd.gov/licensure

CERTIFIED FOOD SERVICE MANAGER LICENSE APPLICATION

(Applications 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: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

New or Renewal:

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

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: \$50-new, renewal, or transfer card \$10-replacement of lost or stolen card

OFFICE USE ONLY

Receipt No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

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

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