



**BALTIMORE CITY HEALTH DEPARTMENT
 DIVISION OF ENVIRONMENTAL HEALTH
 BUREAU OF FOOD CONTROL
 1001 E. FAYETTE STREET
 BALTIMORE, MARYLAND 21202
 (410) 396-4424**



APPLICATION FOR FOOD SERVICE MANAGER

FOOD SERVICE MANAGER NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT'S PHONE NUMBER _____

FOOD SERVICE FACILITY NAME _____

FACILITY ADDRESS _____ ZIP _____

FACILITY'S PHONE NUMBER _____

Submit the following information with the application:

1. Proof of training within the past three years of date of training certificate issuance,
 - a. New applicant documents must state that the course taken was an 16-hour course,
 - b. Renewal applicant documents must state that the course taken was an 8-hour course, **OR**
 - c. Applicants who have **NEVER** applied through BCHD but have taken the 8-hour course, must also bring verification of taking the 16-hour course,
2. Original, **complete** training certificate,
3. Two passport-type photos no larger than 2 1/4" x 2", **AND**
4. Check or money order payable to DIRECTOR OF FINANCE.

FEES:

Application Fee - \$30.00 for a 3-year certificate
 Late Fee: \$10.00 per month
 Replacement Processing Fee - \$10.00 for replacement certificate when new Food Service Manager is hired.
 Replacement certificate is good for remainder of 3-year period of original certificate

I hereby certify that the information given by me on this application is complete, true and correct to the best of my knowledge, and so indicated by signing below in the designated space. I also understand that providing any false information may result in the revoking of my food manager's certificate by the Baltimore City Health Department.

Signature and Title **Date**

*****OFFICE USE ONLY*****

Name of Trainer _____ Trade Name _____

Address of Trainer _____

Examination Results: Score _____ Date _____ Fee Paid _____ Check # _____

Remarks _____

Approved _____ Disapproved _____

Certificate Number _____ Reviewer _____ Date _____