



BALTIMORE CITY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
**ENVIRONMENTAL INSPECTION SERVICES**  
 1001 E. Fayette Street  
 Baltimore, Maryland 21202  
 410-396-4424



**Food Service Manager  
 (HEALTH CODE §6-302)**

**Submit the following information with the application:**

1. Proof of training within three years prior to the date of *training* certificate issuance
  - **New applicant** documents must state that the course taken was a 16-hour in class course.
  - **Renewal applicant** documents must state that the course taken was an 8-hour in class course.
  - 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. Check or money order payable to DIRECTOR OF FINANCE

**Please note:** a photo of the applicant will be taken for their new Food Service Manager card; you may provide a passport size photo or come into the office and have a picture taken at the front counter to be placed on your card.

**CONTACT INFORMATION**

|            |         |
|------------|---------|
| Name:      |         |
| Address:   |         |
| Telephone: | E-mail: |

**Fee Listing**

|                      |         |   |         |
|----------------------|---------|---|---------|
| 3 – Year Certificate | \$90.00 | Replacement Processing Fee<br><i>For newly hired Food Service Manager. Replacement certificate applies for remainder of the original certificate's 3-year period.</i> | \$10.00 |
| Late Fee (per month) | \$10.00 |   |         |

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

|                        |                     |      |
|------------------------|---------------------|------|
| Applicant Name (print) | Applicant Signature | Date |
|------------------------|---------------------|------|

**↓FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SECTION ↓**

|                            |            |           |          |
|----------------------------|------------|-----------|----------|
| Name of Trainer            | Trade Name |           |          |
| Address of Trainer         |            |           |          |
| <b>Examination Results</b> |            |           |          |
| Score:                     | Date:      | Fee Paid: | Check #: |
| Remarks                    |            | Approved  | Denied   |
| Certificate Number         |            | Reviewer: | Date:    |