MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PUBLIC HEALTH

PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

Certified Food Safety Manager - Exemption Request

Facility Name: _____ **License #:** _____

Physical location (operating address): _____**Twp. /Borough:** _____

Mailing Address: _____

City/Town: _____ **Zip Code:** _____

Please note: If applicant is applying for duplicate copy of exemption, a non-refundable application fee must also be submitted. Include check or money order payable to "Treasurer of Montgomery County". There is no fee required for a first time application.

Please refer to our fee schedule on ***www.montcopa.org/healthfeeschedule***

Applicant must provide a statement below and/or attach applicable documentation (menu, etc.) detailing the foods to be handled and/or sold at this facility:

I, _____, certify that the facts set forth on this request are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of said certificate.

Owner's Name

Print Name: _____ Title: _____

Signature: _____ Date: _____

Owner's E-mail: _____

FOR OFFICIAL USE ONLY

Reviewed By:

Supervisor:_____ **Date Reviewed:** _____

EHS: _____ **Date Reviewed:** _____

After review of the list of submitted foods handled and/or sold at this facility, it has been determined that the facility:

_____ **Does** qualify for exemption from the CFSM requirement
_____ **Does Not** qualify for exemption from the CFSM requirement

_____ Initial Application
_____ Duplicate Application
_____ Change of Ownership

If not, why: _____

OPH 05/2018

Montgomery County
Department of
Health and Human Services
Office of Public Health