ANNE ARUNDEL COUNTY
MARYLAND
DEPARTMENT OF HEALTH

STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may be issued to an employer, the employer must file with the issuing authority a workers' compensation insurance policy or binder number or provide a Certificate of Compliance obtained from the Maryland Workers' Compensation Commission (WCC). Employers that are **not required** to, and do not carry workers' compensation insurance must submit an online Application for Certificate of Compliance to the WCC (see link below for paper submission). A food service facility license will not be issued without proper documentation. You may contact the WCC for more information at (410) 864-5297, Monday through Friday, from 8:00 a.m. to 4:30 p.m.

Circle the number of the option below which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

1. I have workers' compensation insurance for my covered employees.

   Name of Insurance Company _____

   Policy or Binder Number _____

2. I am a member of a limited liability company or an officer of a corporation and I have no covered employees. (Attach a copy of the ***CERTIFICATE OF COMPLIANCE*** from the Workers' Compensation Commission.) IF YOU HAVE PROVIDED THE DOCUMENT IN A PRIOR LICENSING PERIOD AND YOUR STATUS HAS NOT CHANGED, YOU NEED NOT RESUBMIT.

3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (Attach a copy of the ***CERTIFICATE OF COMPLIANCE*** from the Workers' Compensation Commission.) IF YOU HAVE PROVIDED THE DOCUMENT IN A PRIOR LICENSING PERIOD AND YOUR STATUS HAS NOT CHANGED, YOU NEED NOT RESUBMIT.

4. I am a sole proprietor or a partner in a business and have no covered employees. (Attach a copy of the ***LETTER OF EXEMPTION*** from the Workers' Compensation Commission.) IF YOU HAVE PROVIDED THE DOCUMENT IN A PRIOR LICENSING PERIOD AND YOUR STATUS HAS NOT CHANGED, YOU NEED NOT RESUBMIT.

Type of License (Please check):

❑ Permanent Food Service Facility ❑ Mobile Food Service Facility ❑ Mobile Reciprocity Food Service Facility
❑ Temporary Food Service Facility ❑ Campground ❑ Mobile Home Park ❑ Public Pools and Spas
❑ Exotic Bird Facility

I solemnly affirm under the penalties of perjury that the information provided on this form is true.

_____	_____
Printed Name of Applicant	Applicant's Title in the Business
_____	_____
Street Address of Business	City, State and ZIP Code of Business
_____	_____
Signature of Applicant	Date of Signing

https://aahealth.org/workers-compensation-application-for-certificate-of-compliance/