



**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 under this article to an employer to engage in an activity in which the employer may employ a covered employee, as defined in § 9-101 of the Labor and Employment Article, the employer shall file with the issuing authority a certificate of compliance with the Maryland Workers' Compensation Act or the workers' compensation insurance policy or binder number.

**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:

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.)

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.)

4. I am a sole proprietor or a partner in a business and have no covered employees. (ATTACH A COPY OF THE EXEMPTION LETTER FROM THE WORKERS' COMPENSATION COMMISSION.)

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