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**Public Health**  
Prevent. Promote. Protect.

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**STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT**

Md. Code Ann., Health General § 1-202 requires that “before any license or permit may be issued under” the Health-General 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: (1) A certificate of compliance with the Maryland Workers’ Compensation Act; or (2) The number of a workers’ compensation insurance policy or binder.”

**This completed form must be submitted with a license or permit application. No license or permit can be issued without the submission of this completed form.**

**A. Circle the type of license or permit sought:** Food Service   Summer Camp   Pool

**B. Circle the number below which applies to the business or person for which a license or permit is sought, and provide the indicated documentation.**

1. This business or person to be licensed or permitted has workers’ compensation insurance:

Name of Insurance Company \_\_\_\_\_

Policy or Binder Number \_\_\_\_\_

2. This business or person has a certificate of compliance from the Workers’ Compensation Commission. (Attach a copy of the certificate of compliance to this form.)

3. This business or person does not and will not employ a covered employee, as defined at Md. Code Ann., Labor and Employment Title 9. (The applicant should consult legal counsel if the applicant does not know whether the business or person employs or will employ a covered employee.)

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Trade Name of Business

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Street Address of Business

\_\_\_\_\_  
Title in Business

\_\_\_\_\_  
City, State, Zip Code of Business

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Date of Signing