USE PERMIT



IT IS ORDERED by the Director	of the D-	
Inspections of Politica Co.	of the Department of Permits, Approva	als and
that	, this <u>26 Th</u> day of <u>September</u>	20 24
9700 AMES CT (Individ	dual or business name)	_ located at
(Street address)		be and the
same is hereby granted permission with 5 bobs	on to operate a: ASS, stel Living	Pacility
UP-2024-0008 HL		
Permit (or Receipt) Number	Director, Permits, Approvals and In	spections
Revised 10/17/11	Planner's Initials	TC

Tax 22 0202003250

Talk TO Jason

STATE OF MARYLAND DEPARTMENT OF HEALTH OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. 03al1188-A

Issued to: Aj Fitts Unlimited, Llc.
A Perfect Fit Assisted Living
9700 Ames Court
Randallstown, MD 21133

Type of Facility: Assisted Living

5

Level of Care: 3

Number of Beds:

Date Issued: Jul

July 1, 2018 Non-Expiring

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 §

Executive Director

Patricia Tomsko May mo

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

ht.



Permits, Approvals and Inspections

111 W CHESAPEAKE AVE TOWSON, MD 21204 4108873353 WWW.BALTIMORECOUNTYMD.GO

Cashier: Tyler C.

Transaction 102545

Total

CREDIT CARD SALE \$100.00 VISA 5774

\$100.00

Retain this copy for statement validation

validation

Station: Permit Processing - Mini

\$100.00 | Method: CONTACTLESS VISA CREDIT XXXXXXXXXXXXXXX774

26-Sep-2024 11:01:17A

VISA CARDHOLDER Reference ID: 427000570564 Auth ID: 03516D

MID: ******2995 AID: A000000031010

AthNtwkNm: VISA

Payment 8HAR4R13KAHE0

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