

Health License Verification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves to confirm the health license verification for the renewal of the contract with [Your Company/Organization Name]. We are committed to maintaining compliance with all health regulations and requirements.

Please find attached the necessary documents including our current health license number: [Health License Number], valid through [Expiration Date].

If you require any further information or documentation, please do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this matter, and we look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]