

No: _____

AN APPLICATION FOR A LICENSE TO OPERATE

A Restaurant, Lunch Counter or Public Dining Room

**WITHIN THE CORPORATE LIMITS OF
SALISBURY, WICOMICO COUNTY, MARYLAND**

I, _____ herewith apply for a license to operate
a _____, known as _____
and located at _____ Salisbury, Maryland, and will comply
with all State and City laws, ordinances, and regulations, governing the operation of same.

Date of Application _____

Signed _____

Applicants Name

Receipt No. _____

Title _____

Owner, Agent, Manager, Etc.

This Application is approved this _____ day of _____ 20____
by the Health Officer.

City Health Officer

ISSUED IN ACCORD WITH ORDINANCE NO. 461