



819 SUPERIOR AVE
TOMAH, WI 54660
608-374-7420

WEIGHTS AND MEASURES LICENSE APPLICATION

NEW: RENEWAL: FOR LICENSE PERIOD EXPIRING JUNE 30, 20____

APPLICANT NAME (last, first, middle initial): _____

APPLICANT ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ EMAIL: _____

BUSINESS TYPE: Individual Owner Partnership Corporation

Limited Liability Corporation Other: _____

If selecting partnership, please list partner names and addresses. If selecting LLC or Corporation, please list officers/agents and addresses.

NAME (last, first, middle initial): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME (last, first, middle initial): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME (last, first, middle initial): _____

ADDRESS: _____

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NAME (last, first, middle initial): _____

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TYPE OF DEVICES

TYPE OF SCALE	NUMBER OF DEVICES
Computing Scales/Counter Scales	
Point of Sale Systems (scale, register, scanner combo)	
Hopper/Tower/Livestock Scales	
Portable Platform Scales	
Prepackage Scales	
Vehicle Scales	
Other Scales: _____	

TYPE OF METER	NUMBER OF DEVICES
LMD – Liquid Measuring Devices (gasoline pumps)	
LPG – Liquid Petroleum Gas Meters	
Truck Meters	
Vehicle Tank Meters	
Other Meters: _____	

REQUIRED APPLICATION ATTACHMENTS TO BE SUBMITTED BY APPLICANT

\$31.88 Application fee (checks or money orders may be made payable to City of Tomah)



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CERTIFICATION

I hereby apply for a license to maintain and operate commercial weighing or measuring devices. Said business to be conducted under the provisions of Chapter 98 of the Wisconsin State Statutes, as amended, and other laws governing such operation or maintenance of said devices. I hereby certify and affirm that the information provided on this application is true and in accordance with Municipal Code Article V – Weights and Measures. I understand that failure to provide all required information shall be grounds for denial of license. I further understand that falsification of any information shall be grounds for denial or revocation of license. I certify that I am familiar with the laws, ordinances and regulations pertaining to this license, and I hereby agree, if granted said license, to obey all provisions of said laws.

APPLICANT SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Processed by: _____ Receipt Number: _____ Date: _____

Approved: Denied: (See attached reason for denial)

City Clerk/Deputy Clerk signature: _____ Date: _____

Date license granted: _____ License number: _____