



819 Superior Ave  
Tomah, WI 54660  
Phone: (608) 374-7420  
Fax: (608) 374-7424

## APPLICATION FOR WEIGHTS AND MEASURES LICENSE

Annual License Fee: **A nonrefundable fee of \$25.00 must accompany this application.**

License Period from: \_\_\_\_\_ to: \_\_\_\_\_

In accordance with Municipal Code Article V.-Weights and Measures, the following questions must be answered completely and legibly.

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: Tomah State: WI Zip: 54660 Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Type:  Individual Owner  Partnership  Corporation  
 Limited Liability Corporation  Other: \_\_\_\_\_

*If Partnership, please list partner names and addresses. If LLC or Corporation, please list officers/agents and addresses.*

Name	Address
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President/Member: \_\_\_\_\_

Vice President/Member: \_\_\_\_\_

Secretary/Member: \_\_\_\_\_

Treasurer/Member: \_\_\_\_\_

Agent: \_\_\_\_\_

Directors/Managers: \_\_\_\_\_

**Type of Devices**

Indicate the number of each type of device.

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: _____	

The undersigned hereby applies for a license to maintain and operate commercial weighing or measuring devices during the license year ending June 30, \_\_\_\_\_.

Said business to be conducted under the provisions of Chapter 98 of the Wisconsin Statutes, as amended, and other laws governing such operation or maintenance of said devices.

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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_ Paid \$: \_\_\_\_\_ Processed by Initials: \_\_\_\_\_

Date License Granted: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature of Clerk/Deputy Clerk: \_\_\_\_\_