

CITY OF ONALASKA
City Hall
415 Main Street
Onalaska, WI 54650
(608) 781-9530
Fax (608) 781-9534

For Office Use Only
A nonrefundable fee of
\$50 must accompany this plus a
fee of \$10 per device listed
below, \$7 per timer device.

Fee Paid \$ _____

Receipt # _____

Date: _____

**Application for
Weights and Measures License**

Business Name:	Business Address:
	Business Telephone:
Applicant Name:	Applicant Address (if different from business)
	Applicant's Telephone

The named Individual Partnership Limited Liability Co. Corporation

Hereby make application for the Weights and Measures License.

Name and Address of Individual/Partners: (Use other side if more space is needed).

Last Name First Name Middle Initial Street City State Zip Code

Last Name First Name Middle Initial Street City State Zip Code

Corporation/Limited Liability Companies: (Give registered name).

Give Names and Addresses of All Officers and Agents:

President	Name	Address
Vice Pres.	Name	Address
Secretary	Name	Address
Treasurer	Name	Address
Agent	Name	Address
Directors	Name	Address
Use other side if needed	Name	Address

Types of Device Number of Devices Fee of \$10 per device, \$7 per timer device must be submitted with application

Liquid Measuring Device (gas nozzles)	_____	_____
Truck Meters	_____	_____
Vehicle Scales	_____	_____
Counter Scales – Up to 30 lbs.	_____	_____
Scales over 31 lbs.	_____	_____
Point of Sale Systems (scale, register, scanner combo)	_____	_____
Other – Please designate	_____	_____

 Authorize Signature

 Date Approved

 City Clerk or Deputy City Clerk