

2015/2016



Office of the City Clerk
City of New Berlin
3805 S Casper Dr.
New Berlin WI 53151
ph (262)786-8610
fax (262)786-6121

A \$25.00 per business address nonrefundable license fee must accompany this application.

Clerk's Office:
License Number _____

**Application for
Annual Weights and Measures License
(please print)**

Business Name:	Business Address:
Type Of Business:	Business Telephone:
Applicant Name:	Applicant Address:
	Applicant Phone:

The named Individual Partnership Limited Liability Co. Corporation

hereby makes application for a New or Renewal **Weights and Measures License.**
(please circle one)

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

Last Name/First Name/Middle Initial Street City/State/Zip

Last Name/First Name/Middle Initial Street City/State/Zip

Corporation/Limited Liability Companies: (Registered name)

Names and Addresses of all Officers and Agents:

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

<u>Type of Device</u>	<u>Number of Devices</u>	<u>Location of Devices</u>	<u>Number of Checkout Lanes</u>
Liquid Measuring (gas nozzles)	_____	_____	_____
Truck Meters	_____	_____	_____
Vehicle Scales	_____	_____	_____
Counter Scales – up to 30 lbs.	_____	_____	_____
Scales – 31 lbs. and over	_____	_____	_____
Point of Sale Systems (scale, register, scanner combination)	_____	_____	_____
Packages	_____	_____	_____
Other – please designate	_____	_____	_____

Authorized Signature of Applicant _____

Application Date _____