

Estab#	License Category:	Fee Processed:	Check#:
HS I.D.	Effective Date:	Amount: \$	Acct.#:
FOR OFFICE USE ONLY			



City of South Milwaukee

2424 15th Avenue
 South Milwaukee, WI 53172
 Ph. 414-768-8055

Martin Zabkowicz, City Sealer



Public Health
 Prevent. Promote. Protect.

WEIGHTS & MEASURES PERMIT APPLICATION

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

Application is for: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Operator <input type="checkbox"/> Other, please specify:			
Establishment Name/DBA:		Establishment Telephone:	
Establishment Address:			
Billing Street Address, City, State & Zip Code (if different than above):			
Primary Contact (Operator/Manager):		Primary Contact Telephone:	
Primary Contact Email:		Fax:	
Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Org. <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small>			
Legal Licensee:		Legal Licensee Telephone:	
Licensee Street Address, City, State & Zip Code:			
Name of Corporate Contact/Agent (if applicable):			
Corporate Contact/Agent Email:		Fax:	
PLEASE MARK THE NUMBER OF DEVICES FOR EACH DEVICE TYPE			
<i>ESTABLISHMENT TYPE: WEIGHTS & MEASURES</i>		<i>FEES</i>	
WEIGHTING & MEASURING DEVICES	DEVICE FEES	NUMBER OF DEVICES	TOTAL FEE PER DEVICE
Petroleum Pumps (per grade of fuel)	\$21.00 per pump	X	= \$
Scales (0-30# scale capacity)	\$36.00 each	X	= \$
Scales (31-1000# scale capacity)	\$56.00 each	X	= \$
Timing Devices	\$16.00 each	X	= \$
Linear Measures - Length Measuring Device	\$16.00 each	X	= \$
Register Scanners (without scales)	\$ 9.00 each	X	= \$
CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE ANNUAL PERMIT TOTAL FEE: \$			

Signature of Licensee

Today's Date