

CITY OF LAKE MILLS

APPLICATION FOR WEIGHTS & MEASURES LICENSE

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____

Business Name: _____

◇ Individual ◇ Partnership ◇ Limited Liability Company ◇ Corporation ◇ Other

Address of Business (if different): _____

Type of Business: _____

Name and address of all partners, officers or agents must be listed.

Type and number of weighing devices:

#__ Checkout Lanes	#__ Scanning Devices
#__ Liquid Measuring Devices (gas nozzles)	#__ Laundromat Washers
#__ Registers	#__ Scales
	#__ Other _____

Location of Devices _____

Note: According to City Ordinance 992 you will be issued an annual assessment based on the cost of the contract with the State of Wisconsin. Total assessments billed will not exceed the cost to run the program.

Applicant Signature _____ Date _____
(Owner or Agent)

Applicant Signature _____ Date _____
(Owner or Agent)

City Council Approval Yes No Date _____

Date Issued _____ License Class _____