Print Form

CITY OF RIVER FALLS
222 Lewis Street
River Falls, WI 54022
(715) 426-3408
Fax (715) 425-0915

Date:_____

For Office Use Only
A nonrefundable fee of $25 must accompany this application.

Fee Paid $_____

Receipt #_____

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**
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	_____

_____
Applicant Signature

_____
Date Approved

_____
Lu Ann Hecht, Clerk