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

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

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**
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