



VILLAGE OF HALES CORNERS

5635 S. New Berlin Road
Hales Corners, WI 53130
(414) 529-6161

APPLICATION FOR WEIGHTS & MEASURES LICENSE

License Fee: \$10.00 + Per Device Fee

License # _____

In accordance with Municipal Code Chapter 432-6 the following questions must be answered completely and legibly.

Applicant's Name: _____

Applicant's Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Name: _____

Business Address: _____

City: Hales Corners State: Wisconsin Zip: 53130 **Phone:** _____

Business Type: Individual Owner Partnership Other:
 Limited Liability Corporation Corporation _____

If Partnership, please list partner names and home addresses

If LLC or Corporation, please list officers and agents and home addresses.

Officers/Agents/Partners:

NAME HOME ADDRESS

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent _____

Directors/Managers _____

(over)

Type of Devices

Indicate the number of each type of device.

Type of Scale	Number of Devices
Computing Scales/Counter Scales	
Hopper/Tower/Livestock Scales	
Portable Platform Scales	
Prepackage Scale	
Vehicle Scales	
Other Scales	

Total Scales _____ X \$10.00/Scale = _____

Type of Meter	Number of Devices
LMD (Gasoline Pumps)	
LPG Meters	
Vehicle Tank Meters	
Other Meters	

Total Meters _____ X \$5.00/Meter = _____

TOTAL FEE = \$10.00 + _____ + _____ = _____
(Scale Fees) (Meter Fees)

The undersigned hereby applies for a license to maintain and operate commercial weighing or measuring devices during the license year ending **June 30, 2024**.

Said business to be conducted under the provisions of Chapter 98 of the Wisconsin Statutes, as amended, and other laws governing such operation or maintenance of said devices.

I certify that I am familiar with the laws, ordinances and regulations pertaining to this license, and I hereby agree if granted said license, to obey all provisions of said laws.

Signature of Applicant: _____ **Dated:** _____