



## WEIGHTS & MEASURES PERMIT APPLICATION

Payment may be made by cash or check only. Please make all checks payable to: City of New Berlin

### ◆ Application Type – Please print legibly

Check one, if applicable. Is applicant a:

Person  Corporation  Partnership  Limited liability company

Applicant's name \_\_\_\_\_

Applicant Phone \_\_\_\_\_ Applicant Email \_\_\_\_\_

Applicant address \_\_\_\_\_

Business/Trade name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business address \_\_\_\_\_

Business Email \_\_\_\_\_

### ◆ Business Information – Please print legibly

**Name and Address of Individual or Partners:** (Use additional sheets if more space is needed)

\_\_\_\_\_  
Last Name/First Name/Middle Initial                      Street                      City/State/Zip

\_\_\_\_\_  
Last Name/First Name/Middle Initial                      Street                      City/State/Zip

**Names and Addresses of all Officers and Agents:** (Use additional sheets if more space is needed)

Name/Title \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

◆ **Device's Information** – Please print legibly

<u>Type of Device</u>	<u>Number of Devices</u>	<u>Location of Devices</u>	<u>Number of Checkout</u>
Liquid Measuring (gas nozzles)	_____	<u>Lanes</u>	
Truck Meters	_____	_____	_____
Vehicle Scales	_____	_____	_____
Counter Scales – up to 30 lbs.	_____	_____	_____
Scales – 31 lbs. and over	_____	_____	_____
Point of Sale Systems (scale, register, scanner combination)	_____	_____	_____
Packages	_____	_____	_____
Other – please designate	_____	_____	_____
_____			

◆ **Applicant Signature** – Please read and sign

I, the undersigned, hereby apply for a Weights & Measures permit for the City of New Berlin. I certify that the information provided in this application is accurate and complete to the best of my knowledge. I acknowledge that I have read and understand New Berlin Municipal Code Chapter 152-21 regarding Weights & Measures permits and agree to adhere to all its provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Approved by _____ Date _____
License # _____