

**CITY OF HARTFORD, WISCONSIN
APPLICATION
WEIGHTS & MEASURES LICENSE**

Date: _____

FEE: \$11.00	license	(Acct # 100.240.441200.44125)
10.00	processing	(Acct # 100.125.461100.46112)
\$21.00	TOTAL	

Business Name: _____

Business Address: _____

Applicant's Name: _____

Applicant's Mailing Address: _____
(if different than above)

The named ___ Individual ___ Partnership ___ Limited Liability Company ___ Corporation hereby makes application for a City of Hartford Weights & Measures license.

Name of Individual/Partners: _____

Corporation/Limited Liability Companies: _____

(Give names and address of all officers and agents)

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP CODE</u>
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____
Agent	_____	_____	_____
Director	_____	_____	_____

NUMBER OF DEVICES	TYPE
_____	Pumps (Nozzles)
_____	Truck Meters
_____	Vehicle Scales
_____	Counter Scales
_____	Point of Sale Systems (scale, register, scanner combo)
_____	Other (Please Designate)

Authorized Signature