

Date Processed: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Acct. # 322-00-43586

FOR OFFICE USE ONLY



**CITY OF SOUTH MILWAUKEE**

Martin Zabkowicz, City Sealer

South Milwaukee Health Department  
 2424 15<sup>TH</sup> Avenue  
 South Milwaukee, WI 53172  
 Ph. (414) 768-8055  
 Fax (414) 768-5720

**SOUTH MILWAUKEE  
 WEIGHT & MEASURE LICENSE APPLICATION**

Application is for:  New Establishment  Change in Ownership  Renewal  Other

**PLEASE TYPE OR PRINT** Submit completed application (signed and dated) and applicable fees to the address above.

Today's Date: \_\_\_\_\_ Target Opening Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Billing Address (If different than above): \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Licensee: \_\_\_\_\_ Type: \_\_\_\_\_

*Legal licensee can be an individual, partnership or corporation. If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.*

Agent for the Corporation (if applicable): \_\_\_\_\_

Licensee Address: \_\_\_\_\_

TYPE	LICENSE FEE	NUMBER OF UNITS	TYPE TOTAL
Petroleum pumps (per pump, per grade of gas)	\$20.00 per pump	X =	\$
Weighing or measuring device (0-30# scales)	\$34.00 each	X =	\$
Weighing or measuring device (31-1000# scales)	\$53.00 each	X =	\$
Timing devices	\$15.00 each	X =	\$
Linear meters	\$15.00 each	X =	\$
Register scanners (without scales)	\$ 8.00 each	X =	\$
Late fee	Up to 100% of annual permit fee	=	\$
<b>CHECKS OR MONEY ORDERS MADE OUT TO:</b>			
<b>CITY OF SOUTH MILWAUKEE</b>		<b>Total Due: \$ _____</b>	

\_\_\_\_\_  
 Signature of Licensee or Agent

\_\_\_\_\_  
 Date