

**Application For A Weights and Measures License - 2020**  
**City of Manitowoc, Wisconsin**

Submit to City Clerk,  
 900 Quay Street  
 Manitowoc, Wisconsin 54220

1. The named:  Individual     Partnership     Limited Liability Company     Corporation/Non-Profit Organization  
 Hereby makes application for the weights and measures license for:

\_\_\_\_\_ (Name of licensed premises)

2. Address of Licensed Premises: \_\_\_\_\_  
 3. Phone Number of Licensed Premises: ( ) \_\_\_\_\_  
 4. The following shall be completed listing each individual applicant, each member of a partnership, each officer, director and agent of a corporation or non-profit organization, and each member/manager and agent of a limited liability company. List the name, title and place of residence of each person.

Name	Title	Home Address	City	Zip Code
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5. Partnership, limited liability company, corporation or organization please list:  
 a. Registered Name: \_\_\_\_\_  
 b. Address: (If different from above) \_\_\_\_\_  
 c. Phone: (\_\_\_\_) \_\_\_\_\_

6. Please indicate type and number of weighing and measuring devices used by this establishment and their location.

	TYPE	NUMBER	LOCATION
METER	Vehicle Tank - Petroleum		
METER	Vehicle Tank - Lubricant		
METER	Liquid Measuring Device		
SCALE	Bench, Counter & Spring Hanging		
SCALE	Computing		
SCALE	Jeweler, Prescription, & Precious Metals		
SCALE	Point of Sale System ( <b>list # of scales</b> )		
SCALE	Prepackaging		
SCALE	Vehicle		
SCANNER	Point of Sale System ( <b>list # of scanners</b> )		
TIMER	Coin Operated (car wash, vacuum, air)		
MISC			

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 (Title)