

**KENOSHA COUNTY DIVISION OF HEALTH
8600 SHERIDAN ROAD, SUITE 600
KENOSHA, WI 53143-6515
262-605-6700**

WEIGHING AND MEASURING DEVICE LICENSE APPLICATION

NAME OF BUSINESS _____

LICENSEE NAME _____

STREET ADDRESS			Address you would like your license and renewal mailed to:
CITY	Kenosha	MAILING ADDRESS	
STATE	WI	CITY	
ZIP		STATE	
PHONE		ZIP	

RETAIL LICENSE AT LOCATION (if different) _____

W & M DEVICES	TYPE	NUMBER	FEE	AMOUNT
SCALES 0-30 POUND CAPACITY	F101		\$20.00 EACH	
SCALES > 30 POUND CAPACITY	F102		\$30.00 EACH	
FARMERS MARKET SCALE	F103		\$10.00 EACH	
SERVICE STATION FUEL PUMP	F104		\$20.00 EACH	
FUEL TRUCK METER	F105		\$45.00 EACH	

1. ALL WEIGHTS AND MEASURES LICENSES EXPIRE JUNE 30

2. FEES ARE NOT PRORATED

3. LICENSES ARE NOT TRANSFERABLE

NEW

ADDITIONAL LICENSES

TOTAL FEES \$ _____

**NOTE: Checks must be made payable to: KENOSHA COUNTY DIVISION OF HEALTH
8600 SHERIDAN RD, STE 600
KENOSHA WI 53143-6515**

SIGNATURE OF OPERATOR OR AGENT:

NAME **POSITION/TITLE** **DATE**

DEPARTMENT USE ONLY	
DATE GRANTED _____	SANITARIAN/(AIDE) _____
FEES DUE _____	LICENSE NUMBER _____