



WEIGHTS AND MEASURES REGISTRATION

235 Hickory St, Pewaukee WI 53072—villagehall@villageofpewaukee.gov - 262-691-5660

Date of Application: _____

BUSINESS / APPLICANT INFORMATION

Business Name: _____ FEIN #: _____

Business Address: _____

Type of Business: ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation

Describe the Business: _____

Partnerships - Please list names and addresses of all partners.

LLC & Corporations - Please list names and addresses of all members including officers and agents. Use back of this page if needed.

Name	Address
_____	_____
_____	_____
_____	_____

Applicant's Name: _____ Applicant's Phone Number: _____

Applicant's Mailing Address: _____

Applicant's Email Address: _____

LOCAL CONTACT PERSON

Local Contact Person: _____ Local Contact Phone Number: _____

Local Contact Email Address: _____

MEASURING DEVICES - Use Additional Sheet of Paper if Needed

Type of Device	Location of Device	Serial Number	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF APPLICANT

By signing this form, I hereby acknowledge that I will adhere to the Village of Pewaukee Ordinances and the State of Wisconsin State Statutes regarding weights and measures. At the time that any information on this form changes I acknowledge it is my responsibility to update the information with the Village Clerk.

Signature: _____ Date: _____

For Office Use Only

Registration Form Received: _____ Initials of Staff: _____

Notes: _____