

# City of Madison Weights and Measures License Application

Site I.D. No. \_\_\_\_\_

A. Name of Business \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address of Premises \_\_\_\_\_  
 Post Office/Zip Code \_\_\_\_\_  
 Mailing address or corporate address if different than licensed premises \_\_\_\_\_

B. Name of individual or partners or corporate officers and addresses:

Full Name	Title	Home Address	Post Office & Zip Code

C. Fee Schedule	Number	Fee	Total
ADVP Counterweight . . . . .	_____	\$ 2.00	\$ _____
Baby Scale . . . . .	_____	15.00	_____
Beam Scale (Table Top) . . . . .	_____	15.00	_____
Beam Scale (Floor) . . . . .	_____	25.00	_____
Computing Scale . . . . .	_____	15.00	_____
Bench Scale (up to 30 lbs. capacity) . . . . .	_____	15.00	_____
Bench Scale (over 30 lbs. capacity) . . . . .	_____	25.00	_____
Aluminum Recycling Machine . . . . .	_____	40.00	_____
Dormant Scale . . . . .	_____	45.00	_____
Equal Arm Balance . . . . .	_____	15.00	_____
Floor Scale . . . . .	_____	45.00	_____
Fuel Bulk Meter . . . . .	_____	45.00	_____
Gas Pump . . . . .	_____	23.00	_____
Metric Scale/Balance . . . . .	_____	15.00	_____
Hanging Scale (up to 30 lbs. capacity) . . . . .	_____	15.00	_____
Hanging Scale (over 30 lbs. capacity) . . . . .	_____	25.00	_____
High Precision Scale/Balance . . . . .	_____	35.00	_____
High Speed Gas Pump . . . . .	_____	40.00	_____
Measuregraph . . . . .	_____	10.00	_____
Personal Scale . . . . .	_____	25.00	_____
Platform Scale . . . . .	_____	30.00	_____
Prepack Scale . . . . .	_____	15.00	_____
Prescription Balance . . . . .	_____	35.00	_____
Special Fees . . . . .	_____	30.00/hr.	_____
Spring Scale . . . . .	_____	15.00	_____
Stationary Meter . . . . .	_____	45.00	_____
Taxi Meter . . . . .	_____	25.00	_____
Timing Device (Car Washes & Clothes Dryers) . . . . .	_____	10.00	_____
UPC Scanners (3 or fewer) . . . . .	_____	50.00 + 11.00/device	_____
UPC Scanners (4 or more) . . . . .	_____	100.00 + 11.00/device	_____
Vehicle Scale . . . . .	_____	0.00	_____
Vehicle Tank Meter . . . . .	_____	45.00	_____
Weigh Buggy . . . . .	_____	30.00	_____
Yard Measure . . . . .	_____	5.00	_____
Miscellaneous Device (Farm Market) . . . . .	_____	15.00	_____

**Please return to:** City of Madison Building Inspection Division  
 P.O. Box 2984  
 Madison, WI 53701-2984

\_\_\_\_\_  
 President of Corp./Partner/Individual

**Check payable to:** City of Madison Treasurer

\_\_\_\_\_  
 Additional Partner(s), if any