



P O Box 1130
 Oshkosh, WI 54903-1130
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WEIGHTS & MEASURES APPLICATION

Business Name	Full name of owner or contact person
Business address (where devices are used)	Phone Number of owner or contact person
E-mail contact	Billing address, if it is different

FEE CALCULATION

Device Type	Fee per Device	# of Devices	Total
Annual Base Fee	\$50.00	1	\$50.00
Bundled Firewood Dealer	\$20.00		
Electronic Pill Counter	\$35.00		
Fabric Measuring Devices	\$20.00		
Group 1 Scales (1-30 lbs)	\$55.00		
Group 2 Scales (1-20 lbs) PLU	\$60.00		
Group 3 Scales (31-500 lbs)	\$60.00		
Group 4 Scales (501-10,000 lbs)	\$65.00		
Group 5 Scales - Hi Accuracy (Grams)	\$65.00		
Group 6 Scales (10,001-200,000 lbs)	\$75.00		
High Speed Measuring Devices	\$60.00		
Linear Measures	\$10.00		
Liquid Measuring Devices	\$55.00		
Package Checking	\$35.00		
Pharmacy Weights (Per Set)	\$50.00		
POS Scanners (3 or less)	\$150.00		
POS Scanners (4 to 10)	\$240.00		
POS Scanners (11 or more)	\$25.00 per scanner		
Reverse Vending	\$55.00		
Taxi Meters	\$50.00		
Timing Devices	\$20.00		
Vehicle Tank Meters	\$65.00		
Wire & Cordage Measures	\$20.00		
Penalty for Late Registration	\$150.00		
Totals			

I hereby submit this application and payment for registration of all commercially used weighing and measuring devices that I am using and have listed above. Signature of _____

Applicant _____ Date _____