

**NEENAH DEPARTMENT OF COMMUNITY DEVELOPMENT  
WEIGHTS AND MEASURES PERMIT APPLICATION**

**Establishment Information:**

Name:  
Phone Number:  
Street Address:  
City, State, Zip:

**Owner/Legal Representative Information:**

Name(s):  
Street Address 1:  
Street Address 2:  
City, State, Zip:

DEVICE	RATE	INVENTORY	TOTAL
<b>Annual Permit Processing Fee</b>			
Farmers Market Annual Fee			
Scales 0 to 30 lbs (each scale)			
Scales 31 to 1,000 lbs (each scale)			
Weight Sets			
Fuel Dispenser <30 gal/sec			
Fuel Dispenser >=30 gal/sec (HS)			
Vehicle Tank/Bulk Plant Meter			
Linear Measuring Device			
Timing Devices (each timing device)			
Meters (Taxi)			
Electric Pill Counters			
Aluminum Can Recycling Machine			
Scanners 1 to 3 (total)			
Scanners 4 or More (total)			
Miscellaneous Specialized Devices	/hr		
Re-Inspection Fee (1 <sup>st</sup> )			
Re-Inspection Fee (2 <sup>nd</sup> )			
Penalty Non-Registered Device	<b>\$Fee X 2</b>		
<b>TOTAL AMOUNT DUE</b>			

**Do you have any delinquent taxes, assessments or other claims in whole or part owed to the City or any delinquent forfeiture resulting from a violation of any City Ordinance?** ☐ Yes ☐ No

The permit becomes valid upon payment of the total fee. Make checks payable to the **CITY OF NEENAH**. Return your application and remittance fee to the Treasurer's Office, City Administration Building, P.O. Box 426, Neenah, WI, 54957-0426.

**A late penalty fee of \$100.00 is enforced if payment is not received in our office or postmarked within 30 working business days of receipt of application.**

Legal Licensee Signature \_\_\_\_\_

Date \_\_\_\_\_

## **WEIGHTS AND MEASURES PERMIT APPLICATION INSTRUCTIONS**

### Establishment Information:

**Name:** Legal name of establishment where weight and measures are located  
**Street Address:** Physical street address of establishment  
**City, State, Zip:** City, State and Zip code of establishment  
**Phone Number:** Phone number to access the establishment

### Owner/Legal Representative Information:

**Name:** Owner or Legal Representative for the establishment. This will be the permit holder. Permits are issued to a person (defined as an individual, corporation, partnership, cooperative association, limited liability company, or other legal organization or entity), not an establishment.  
**Street Address (1 & 2):** Address of owner or legal representative.  
**City, State, Zip:** City, state and zip code of owner or legal representative.

### Device Inventory:

This section will be pre-filled according to the City of Neenah's most recent records. The owner/legal representative is responsible for reporting the correct count per device inventory line item.

Fees are assessed per device count with exception to:

- Annual Permit Processing Fee: Inventory = 1 for all City of Neenah establishments
- Farmers Market Annual Fee: Inventory = 1 if farmer's market is operated at/by establishment
- Scanners 1 to 3 (total): Inventory = 1 if establishment has 1 to 3 scanning stations (checkout registers). Inventory = 0 if establishment has 0 or more than 3 scanning stations.
- Scanners 4 or More (total): Inventory = 1 if establishment has 4 or more scanning stations (checkout registers). Inventory = 0 if establishment has 0 or less than 4 scanning stations.
- Miscellaneous Specialized Devices: For use by City of Neenah only. Will be charged only if device in use by establishment requires special contracting for inspection.
- Re-Inspection Fee (1<sup>st</sup>): For use by City of Neenah Sealer only. Will be charged in the event device fails inspection such that another inspection is required within the permit year.
- Re-Inspection Fee (2<sup>nd</sup>): For use by City of Neenah Sealer only. Will be charged in the event device fails two (2) inspections such that a third inspection is required within the permit year.
- Penalty Non-Registered Device: For use by City of Neenah Sealer only. Will be charged only if a non-registered device is found on establishment premises during an inspection or complaint investigation.

### Delinquent Taxes, Assessment or Claims:

**Check Yes or No** in response to delinquent tax, assessments or claims outstanding question.

### Owner/Legal Signature and Date:

**Owner/Legal Representative Signature:** The signature of the owner or legal representative of the establishment.  
**Date:** Provide date of signature.