



### Weights & Measures

(12-POS-QC)

## Automated Point of Sale (POS) Station Registration

#### OWNERSHIP INFORMATION [Legal Responsibility] (Please print)

Owner(s) Name:				Phone Number:	
Type of ownership:					
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other (explain):	
Owner Address:					
City:		State:		Zip:	

#### BUSINESS INFORMATION (Please print)

Business Name:			Business Hours:		
Street Address:			Business Phone:		
Business Agent Contact Name:				Business Agent Direct Phone #:	
<b>Total Number of POS Stations at this Location</b> (computers w/ scanners, cash registers w/ PLU or SKU):					

#### ADDITIONAL BUSINESS LOCATIONS UNDER SAME OWNERSHIP

If you own other businesses in San Francisco with **Point of Sale Stations** you must fill out **one application for each location**. The original or copy of the permit must be kept at the business location where the POS stations are used, and it must be presented to a Weights and Measures official upon request.

#### (If there is more than one business under same ownership)

Please send permit(s) to:  Owner |  Business Address |  Billing Address

#### Billing Information (Permits/Registration Contact)

Name:					
Address:			City, State, and Zip:		
Registration Contact Name:			E-Mail:		
<b>Other Contact Information</b>					
Direct Telephone:		Ext:		Fax:	
				Cell:	

I DO NOT USE POINT OF SALE STATIONS AT THIS LOCATION.

POS stations are defined as any equipment capable of retrieving electronically stored prices that are used to charge consumers for the purchase of commodities. (See back for more information)

**Certification:** I, \_\_\_\_\_, am the legal  
(Print Name)

owner/agent of the business establishment named above. I certify under penalty of perjury that the information provided by me on this form and attachments hereto is complete and accurate to the best of my knowledge. I understand that it is my responsibility to notify weights and measures officials of any changes in ownership and any changes to the number of Point of Sale Stations (if any) declared in this application. I have read/reviewed the above information.

<input type="checkbox"/> Signature of Owner	<input type="checkbox"/> Signature of Agent for Owner	Date
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**NO PERMITS WILL BE ISSUED WITHOUT A COMPLETE AND SIGNED APPLICATION.  
PLEASE KEEP A COPY FOR YOUR RECORDS.**