

## Weights & Measures

(12-WM-DEV)

### Weighing and Measuring Device Permit Application

**New Permit Application**

**Adjustments to Permit**

**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"/> Local Agency	<input type="checkbox"/> State/Federal Agency	<input type="checkbox"/> Other	
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 REGULATED WEIGHING AND MEASURING DEVICES AT THIS LOCATION:</b>			
<b>TAXI COMPANIES:</b> Enter the total number of taxicabs, <b>INCLUDING</b> spares, under your color scheme:			
<b>TAXIMETER PERMITS</b> will be issued only to those taxi companies that have submitted a list of individual taxicab number for which payment is made. Payments not received by the due date will be charged 100% penalty fee.			

**EMERGENCY CONTACT** (if different from owner/business contact)

Name:	Phone Number:
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**Additional Business Locations Under Same Ownership**

If you own other business locations in San Francisco where regulated weighing and/or measuring devices are used for commercial purposes, you must fill out **one application for each location**, and choose one of the following:

- Please send all billing invoices to each business location.
- Please send all billing invoices to our billing (licensing/permit department) address.

Weights and Measures Permits will be sent to the billing address. **The original or copy of the permit must be kept at the business location where the device is used, and it must be presented to a Weights and Measures official upon request.**

**Billing Information** (License and Permit Contract)

Name:			
Address:	City, State, and Zip:		
License/Permit Contact Name & Direct Phone Number:			

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

owner/agent of the regulated weighing or measuring device(s) for which this application is submitted. 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/or any changes to the number and type of device(s) declared in this application. I have read/reviewed the above information on regulated commercial weighing & measuring devices.

Signature of Owner/Agent	Date
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**NO PERMITS WILL BE ISSUED WITHOUT A COMPLETE AND SIGNED APPLICATION.  
KEEP A COPY FOR YOUR RECORDS.**