



Lake County Weights & Measures Department  
2900 West 93rd Avenue 2nd Floor  
Crown Point, Indiana 46307  
Tel: 219-755-3680 Fax: 219-755-3739  
Email: lakecountyin.org  
Department Head: Christine S. Clay

## Weights and Measures Information Form

Information Date: \_\_\_\_\_ Main Product Line Sold at This Location: \_\_\_\_\_  
Type Of Business:  Corporation  Sole Proprietorship  Government  
 Partnership  LLC  Other (Specify) --> \_\_\_\_\_  
Information Type:  New Information  Exempt  Renewal—License #-> \_\_\_\_\_  
Business Name: \_\_\_\_\_ D/B/A: \_\_\_\_\_

Physical Location Data	
Address:	_____
City/St/Zip:	_____ N _____
Tel:	_____ Fax: _____
Email:	_____
Contact:	_____
Contact Title:	_____

Parent Corporation Data	
Address:	_____
City/St/Zip:	_____
Tel:	_____ Fax: _____
Email:	_____
Contact:	_____
Title:	_____ Dept.: _____

Legal Counsel Location Data	
Address:	_____ (optional)
City/St/Zip:	_____
Tel:	_____ Fax: _____
Email:	_____
Contact:	_____
Contact Title:	_____

Indiana Contact Data (MUST HAVE)	
IF PARENT CORPORATION IS OUT OF STATE	
Address:	_____
City/St/Zip:	_____
Tel:	_____ Fax: _____
Email:	_____
Contact:	_____
Contact Title:	_____

Number of Business Locations(MUST have separate info sheet for each) \_\_\_\_\_  
Are you an individual engaged in the sale of retail prepackaged food items? \_\_\_\_\_  
Indicate the number of weighing and/or measuring devices on these premises: \_\_\_\_\_

### For Use by Weights and Measures Department Only:

Application: ( ) Accepted ( ) Denied Date Accepted: \_\_\_\_\_ License #: \_\_\_\_\_  
License Fee: \_\_\_\_\_ Exempt ( ) Yes/No Other Fee: \_\_\_\_\_  
Receipt By: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_  
Application By: \_\_\_\_\_ Date: \_\_\_\_\_ Category \_\_\_\_\_  
Mailed By: \_\_\_\_\_ Date: \_\_\_\_\_

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**(APPLICATION NOT VALID UNLESS INFORMATION ON REVERSE SIDE IS COMPLETED)**

Please list all of your weighing and other devices here (Use Additional Sheets if Necessary)

	Type of Device	Serial Number	Security Seal Attached?	Date Placed in Service
1.			<input type="radio"/> Yes <input type="radio"/> No	
2.			<input type="radio"/> Yes <input type="radio"/> No	
3.			<input type="radio"/> Yes <input type="radio"/> No	
4.			<input type="radio"/> Yes <input type="radio"/> No	
5.			<input type="radio"/> Yes <input type="radio"/> No	
6.			<input type="radio"/> Yes <input type="radio"/> No	
7.			<input type="radio"/> Yes <input type="radio"/> No	
8.			<input type="radio"/> Yes <input type="radio"/> No	
9.			<input type="radio"/> Yes <input type="radio"/> No	
10.			<input type="radio"/> Yes <input type="radio"/> No	
11.			<input type="radio"/> Yes <input type="radio"/> No	
12.			<input type="radio"/> Yes <input type="radio"/> No	
13.			<input type="radio"/> Yes <input type="radio"/> No	

**Gas Station Owners: Include the average number of gallons dispensed each month**

**Gas** \_\_\_\_\_ **Kerosene** \_\_\_\_\_ **Diesel** \_\_\_\_\_

\*\*Please be specific in listing device types. Example: If the device is a scale, indicate whether it is a vehicle scale livestock, portable and dormant, hopper, computing, suspension, gram or non-commercial scale. If the device is a measuring instrument, indicate whether it is a vehicle tank meter, gasoline, kerosene, diesel, or liquid propane meter. For timing devices, indicate whether it is a taxi meter, car wash, washer, or dryer, etc.

**Signed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Print Name

**Signed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature

**(APPLICATION NOT VALID WITHOUT LIST OF DEVICES, SERIAL NUMBERS, SIGNATURE AND DATE)**