

APPLICATION FOR PUBLIC WEIGHMASTER'S LICENSE

Applicant Name:
Address:
City, State, Zip:
Telephone:
Email:

Business Name:
Address:
City, State, Zip:
Telephone:
Email:

I hereby certify that I am 18 years of age or over and have the ability to weigh accurately and to make correct weight certificates, and that I have read the Weights and Measures Law regarding public weighing and will comply with these laws and any regulations made by the Secretary of Agriculture, Food and Markets.

Date: _____

Signature: _____

Please remit payment of \$25.00 to:

Vermont Agency of Agriculture, Food & Markets
Business Office L&R
116 State Street
Montpelier, Vermont 05620-2901

READ THIS SECTION PRIOR TO SIGNING APPLICATION FORM

By signing This License You Certify That You Are In Good Standing with the Requirements Below. If You Certify Falsely That You Are In Good Standing You May Be Subject To Prosecution.

By law (15 V.S.A. Section 795), the State may not renew a license for trade or business unless the licensee first certifies that he or she is in good standing with any order to pay child support.

By law (32 V.S.A. Sec. 3113), the State may not renew a license for business or trade unless the licensee certifies, under the pains and penalties of perjury, that he/she is in good standing with the Department of Taxes. The maximum penalties for perjury are fifteen (15) years in prison, a \$10,000 fine or both.

- Good standing means:
- that no taxes are due;
 - the liability is on appeal;
 - the licensee is complying with a State authorized payment plan; or
 - the immediate payment would cause unreasonable hardship. (If you are claiming hardship, please contact the licensing agency for further information.)

For further information the licensee should contact the Department of Taxes at (802) 828-2518.

I hereby certify that the above information is correct, that I am in good standing with respect to any obligation for child support, and that under the pains and penalties of perjury that I am in good standing with respect to all taxes due to the State of Vermont.

Date: _____

Signature: _____