



8503-6893-9799

No.: _____

WEST VIRGINIA DEPARTMENT OF AGRICULTURE
Executive Division - Farms
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
Phone: (304) 558-2214 ext. 6000

Kent Leonhardt, Agriculture Commissioner

APPLICATION FOR WEIGHMAN LICENSE
FEE: \$5.00

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Ph: _____ Cell Ph: _____ Email: _____

I herewith make application for a license to operate at:

Name of Public Market Address

Name of Public Market Address

Have you read and are you familiar with the Public Market Law of the State of West Virginia and the Rules, Regulations and Standards of Practice promulgated by the Agriculture Commissioner?

Yes _____ No _____

REFERENCES: List three (3) people who are not related to you and who have knowledge of your qualifications and character.

Name Address Telephone

The hereinbefore, set out by me are true and correct, that in the capacity of my license, I will faithfully discharge the duties and responsibilities to the best of my knowledge, skill and ability.

Date

Applicant Signature

RETURN THIS FORM; YOUR CHECK (made payable to WVDA) OR MONEY ORDER, to: WV Dept. of Agriculture, Animal Health Division, 1900 Kanawha Boulevard, East, Charleston, WV 25305. (Program Date July 1-June 30)