



8625-6893-9799

No.: \_\_\_\_\_

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

**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:

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Name of Public Market	Address
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Name of Public Market	Address
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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) persons who are not related to you and who have knowledge of your qualifications and character.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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Date	Signature of Applicant
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**RETURN THIS FORM; YOUR CHECK (made payable to WVDA) OR MONEY ORDER, IN THE ENCLOSED ENVELOPE.**