

County of San Diego

Registration Period:

DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES

9325 Hazard Way, Suite 100, San Diego, CA 92123 Phone: 858-694-2778 Fax: 858-467-9278 Website: www.sdcawm.org Expires:

Annual Point-Of-Sale (P.O.S) Registration ApplicationP.O.S. Registration #:

BUSINESS NAME AND MAIL	ING ADDRESS		
CORPORATE BUSINESS NAME: OBA NAME:			
MAILING ADDRESS:			
MAILING ADDRESS. MAILINGCITY/STATE/ZIP:			
WNER:			
AILING PHONE NUMBER:	MAILING F	AX NUMBER:	
IAILING EMAIL ADDRESS:			
)wners - Please check one b	ox. ☐ Corporation ☐ Partnership	☐ Individual	
BUSINESS LOCATION (Do NO	T use P.O. Box)		
TREET ADDRESS:	·		
CITY/STATE/ZIP:			
OCATION PHONE NUMBER:			
> Enter the correct regi	stration fee from the table beloumber of POS Stations:	w:	
> Enter the correct regi	stration fee from the table belo umber of POS Stations: Total Amount Due:	w:	\$
> Enter the correct regi	stration fee from the table belo		5
> Enter the correct regi	umber of POS Stations: Total Amount Due: Payment Due By: Point-Of-Sale (P.O.S.) Registrate	ion Fee Schedule	
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