

REGISTRATION APPLICATION FORM

**BILLING DEPT. (951) 955-3002
GENERAL INFO. (951) 955-3030
FAX (951) 276-4728**

**COUNTY OF RIVERSIDE
DIVISION OF WEIGHTS AND MEASURES
PO BOX 1089 RIVERSIDE, CA 92502**

“Packer” or “Point of Sale” station locations

Section A

Name of Business: _____ **Date:** _____

Physical Address: _____ **City:** _____ **Zip:** _____

Location Contact Name: _____ **Phone:** _____

Owner/Corp. Name: _____ **Phone:** _____

Billing Address: _____ **City:** _____ **Zip:** _____

Billing Department Contact Name: _____ **Phone:** _____

Corporation/LLC/LP registration number: _____ **State of Jurisdiction:** _____ **Date of File:** _____

Agent for Service: _____ **Phone:** _____
(Name of person in California authorized to accept service of process)

Mailing Address: _____ **City:** _____ **Zip:** _____
(Address of person in California authorized to accept service of process)

Number of Packages produced per year (if applicable): _____

Number of Point of Sale Stations (if applicable): _____

Remarks: _____

Owner/Agent Signature: _____ **Print Name:** _____

To see County Ordinance 832 visit: www.countyofriverside.us

“PACKER” means any person engaged in wrapping or packaging of a commodity within the County of Riverside prior to and for the purpose of sale wherein the item wrapped or packaged is sold on the basis of weight, count, volume or area.

“POINT OF SALE STATION” means individual and separate equipment that is capable of recovering electronically stored price information used to charge consumers for the purchase of commodities. “Point of sale station” shall include, but is not limited to, equipment that uses Universal Product Code scanners, price look-up codes, or any other system that relies on the retrieval of electronically stored information to complete a transaction of commerce between a retailer and consumer.

Section B **FOR COUNTY USE ONLY**

Permit Number: _____ **Fee Amount: \$** _____

New ____ **Change** ____ **OOB** ____ **Ord. # 832** ____ **District:** _____

Info: _____

Inspector: _____ **Date:** _____