CLEANER’S & LIQUID WASTE HAULER’S PERMIT APPLICATION FORM
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Please print or type

Establishment - Business Name ____________________________________________________________

Business Phone: ___________________________  Cellular Phone: ___________________________

Total Number of Waste Hauling Vehicles Operated _______________________________________

Storage Location for Vehicles Used in Business

Street Address _______________________________________________________________________

City/State __________________________________________________________________________

Zip __________________________________________________________________________________

Directions to storage location other than a specific street address: __________________________

List All Waste Hauling Vehicles - Specify Make, License Number, and Driver Name(s)

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<tr>
<th>Vehicle Make</th>
<th>License Number</th>
<th>Driver Name</th>
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Cleaner’s & Liquid Waste Hauler’s Fee .................................................................................. $500.00

MAKE CHECK PAYABLE TO: LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT OR “LLCHD”

COPY OF “PROOF OF BOND CERTIFICATE”: On the enclosed application, if the BOND EXPIRATION DATE IS:

◆ Prior to June 1 - 1) Renew the bond, 2) File the bond with the City Clerk, 3) obtain a “Proof of Bond Certificate” from the City Clerk, and 4) Send a copy of the “Proof of Bond Certificate” with your application.

◆ On or after June 1 - 1) Send a copy of the “Proof of Bond Certificate” with your application.

Applicant Signature ___________________________ Date __________/_____/_____

PLEASE RETURN TO:  Lincoln-Lancaster County Health Department • Attn: Business Office • 3131 “O” Street, Lincoln, NE 68510

Please Check Correct Box

Application  ☐ Enclosed
Copy of “Proof of Bond Certificate”  ☐ Enclosed
Payment  ☐ Enclosed

Revised: 1/22