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)

Vehicle Make	License Number	Driver Name

Cleaner's & Liquid Waste Hauler's Fee **$490.00**

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: 10/2018