



Lincoln-Lancaster County Health Department
 Environmental Public Health Division
 3131 "O" Street
 Lincoln, NE 68510-1514

APPLICATION FOR PERMIT TO OPERATE A RECYCLING OPERATION

PLEASE NEATLY PRINT IN INK OR TYPE ALL INFORMATION

Business Name: _____

Business Address: _____

Business Telephone: _____

This is an application for a Renewal New Permit

This is a request for a Recycling Center Operations Permit
 Recycling Processing Center Operations Permit
 Recycling Drop-off Operations Permit

Owner's Name: _____ Home Telephone: _____

Home Address: _____
 City, Town, Village, or RFD State Zip Code

Do you have a recyclables drop-off facility? On Site Off Site None

Do you have outside storage of your recycling materials? Yes No

Do you have one or more buildings on the premises? Yes No

If "Yes," attach a drawing showing the locations and dimensions of all buildings to this application.

Signature of Applicant _____ Date _____

Fees:	Permit for Recycling Center Operations	\$70.00
	Permit for Recycling Processing Center Operations	\$70.00
	Permit for Recycling Drop-off Operations	No Charge

It shall be unlawful for any person to engage in, carry on, conduct, operate, or maintain a salvage operation, recycling processing operation, recycling center operation, recyclables drop-off operation or commercial composting operation within the city, or three miles thereof, without first having obtained a written permit from the Director for such activities. Any person who shall violate the provisions of this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by imprisonment in the county jail for a period not to exceed six months or by a fine of not less than \$150.00 nor more than \$500.00 recoverable with costs, or both such fine and imprisonment. (Chapter 5.41.020)
 When your provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Send completed application and fees to Lincoln-Lancaster County Health Department, Environmental Public Health Division, 3131 "O" Street, Lincoln, NE 68516-1514.

DO NOT WRITE IN THIS SPACE.

Fee Received: _____ Check No.: _____ Date: _____

Permit: Issued Denied Date: _____

Permit Number: _____