



**WASTE HAULER LICENSE APPLICATION  
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT**

Please print or type

**Establishment - Business Name** \_\_\_\_\_

\_\_\_\_\_ Street Address City/State Zip

Business Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Permittee - Owner Name** \_\_\_\_\_

\_\_\_\_\_ Street Address City/State Zip

**List All Trucks** - Specify Model, License Number, and Type of Truck (Packer Unit; Roll-off Transport; Other (specify))

Truck (Model/Year)	License Number	Truck Type	Health Department Use Only Sticker Number
1			
2			
3			
4			
5			
6			
7			
8			

**If you have additional vehicles, please complete back of this form.**

**NOTE:** There is **NO** fee for a waste hauler license. **SEND NO MONEY!**

**Vehicle Registration:** Attach a copy of the current vehicle registration for each vehicle.

**PROOF OF BOND CERTIFICATE** - Obtain a **\$500 BOND**. Send the bond certificate to City Clerk's Office for filing. Return a copy of the "Proof of Bond" certificate issued by the City Clerk's Office to LLCHD. **A license will not be issued until a copy of the "Proof of Bond Certificate" is received.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**

**Return Application, Copy of Current Vehicle Registrations, "Proof of Bond Certificate" copy to:**  
Lincoln-Lancaster County Health Department, Attn. Business Office  
3131 "O" Street, Lincoln, NE 68510

**Your application must be returned and processed in order for your vehicles to be inspected. Applications will NOT be accepted at the time of inspection.**

**HAVE YOU ENCLOSED?**

Application     Copy - current vehicle registration     Proof of Bond Certificate    Bond Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

**Waste Hauler Permit Application**  
**Page 2**  
**Additional Vehicles**

**Establishment - Business Name** \_\_\_\_\_

**List All Trucks** - Please specify Model, License Number, and Type of Truck (Packer Unit; Roll-off Transport; Other (specify))

<b>Truck (Model/Year)</b>	<b>License Number</b>	<b>Truck Type</b>	<b>Health Department Use Only Sticker Number</b>
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			