



Lincoln-Lancaster County Health Department

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 _____

Table with 2 columns: Fees, Amount. Rows: 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.

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: _____