

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 Vehicle	s Operated	
Storage Location for Vehicles Used in B	usiness	
Street Address	City/State	Zip
Directions to storage location other tha	n a specific street address: _	
List All Waste Hauling Vehicles - Spe	cify Make, License Number, and	Driver Name(s)
Vehicle Make	License Number	Driver Name
COPY OF "PROOF OF BOND CERTIFICAT Prior to June 1 - 1) Renew the box	OLN-LANCASTER COUNTY HE "E": On the enclosed application and, 2) File the bond with the Cit	, if the BOND EXPIRATION DATE IS:
• On or after June 1 - 1) Send a cop	y of the "Proof of Bond Certificat	te" with your application.
		/
Applicant Signature		Date
PLEASE RETURN TO: Lincoln-Lancaster Count	y Health Department • Attn: Busine:	ss Office • 3131 "O" Street, Lincoln, NE 68510
Application Copy of "Proof of Bond Certificate" Payment	Please Check Correct Box ☐ Enclosed ☐ Enclosed ☐ Enclosed	