Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street
Lincoln, NE 68510-1514

Application for Permit to Operate a Salvaging 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

Special Permit Number: _____

Owner's Name: _____ **Home Telephone:** _____

Home Address: _____

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

In making this application for a permit to operate a salvage yard within the jurisdiction of the City of Lincoln, I hereby agree to comply with all city ordinances and codes pertaining to the operation of a salvage yard business.

_____
Signature of Applicant Date

Fees:		
	Salvage Operations	$65.00
	Occupation Tax	$160.00
	Total Fees	$225.00

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 you 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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.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, Enviromental Public Health Division, 3140 "N" Street, Lincoln, NE 68516-1514.

DO NOT WRITE IN THIS SPACE

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

Permit: ❑ Issued ❑ Denied Date: _____

Permit Number: _____

Lincoln-Lancaster County Health Department
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Business Name Date

Address

Days and Hours of Operation: _____

_____

State the exact nature of the activities related to the requested permit:

_____

_____

In the space below, draw the locations and indicate the dimensions of any buildings on the premises, especially those buildings that are to be used, in whole or in part, in the permitted activities. Show the entrance to your facilities and indicate north on the diagram.

A drawing is required for all NEW applications. If this is a renewal an updated drawing is only needed if there has been changes to your property.