



Lincoln-Lancaster County Health Department  
 Environmental Public Health Division  
 3131 "O" 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	<b>Fees:</b>	Salvage Operations	\$75.00
			Occupation Tax	<u>\$160.00</u>
			Total Fees	\$235.00

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.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, 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: \_\_\_\_\_



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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.**

Large empty rectangular box for drawing.