



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
3140 "N" 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
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Additional Vehicles

Establishment - Business Name _____

List All Trucks - Please 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
9			
10			
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