Application for Tobacco License
BUFFALO COUNTY, NEBRASKA
As per State Statue Section 28-1422

License year January 1, 2027 to December 31, 2027

DATE:_____ **License fee $10.00**

Name of Applicant: _____

Business Name: _____

Mailing Address: _____

EXACT location of the place of business (complete address):

_____

_____

_____

Telephone Number of Applicant:_____

Telephone Number at Location (Business): _____

Applicant is _____Individual (must provide Social Security#)_____
____ Partnership
____ Limited Liability Company
____ Corporation

I hereby certify that I am over the age of eighteen years and have submitted an application to sell Cigars, Tobacco, Cigarettes and Cigarette Materials to persons over the age of eighteen years, according to the laws of the State of Nebraska at the above mentioned place of business.

Name _____
Please print

_____
Signature of Applicant