

Application for Tobacco License

BUFFALO COUNTY, NEBRASKA

As per State Statute Section 28-1422

License year January 1, 2024 to December 31, 2024

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