

# Application for Tobacco License

## BUFFALO COUNTY, NEBRASKA

As per State Statue Section 28-1422

**License year January 1, 2025 to December 31, 2025**

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