

# TOBACCO LICENSE APPLICATION

Revised 1/5/16

Nebraska Revised Statute 28-1420

**RETAIL FEE:** \$15.00 per license year; **WHOLESALE FEE:** \$100.00 per license year; **LICENSE YEAR:** Jan. 1 - Dec. 31

On **NEW RETAIL** Applications made after July 1<sup>st</sup>, the Fee is pro-rated by one-half to \$7.50.

There are **no fees** on the following: 1) **Transfer of Ownership PROVIDED** the previous owner is agreeable to the transfer & has signed off on the application, 2) **Change in DBA**, 3) **Change in Location**.

HOOKAH BARS/LOUNGES ARE **PROHIBITED** BY STATE LAW SECTION 71-5727.

**RETURN APPLICATION & PAYMENT TO, IF APPLICABLE:** City Clerk's Office, 555 S. 10<sup>th</sup> St., Lincoln NE 68508.

Make checks payable to **City of Lincoln**. (Please note: Payments by check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately and your check will not be returned.)

Questions? Contact Sony w/ City Clerk at (402) 441-7437.

**Please PRINT using blue or black ink only.**

1	<b>PLEASE CHECK ONE:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Transfer of Ownership
		<input type="checkbox"/> Change in DBA	<input type="checkbox"/> Change in Location

2	<b>PLEASE CHECK ONE:</b>	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Both

3	<b>OWNER INFORMATION</b>					
	NAME:					
	STREET ADDRESS:					
	CITY:		STATE:		ZIP:	
	CONTACT PERSON:			PHONE #:		
	EMAIL ADDRESS:					

4	<b>ESTABLISHMENT INFORMATION</b>					
	NAME:					
	STREET ADDRESS:					
	CITY:		STATE:		ZIP:	
	CONTACT PERSON:			PHONE #:		
	EMAIL ADDRESS:					

5

MAILING ADDRESS					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

6

IF TRANSFER OF OWNERSHIP. HAVE PREVIOUS OWNER COMPLETE THE FOLLOWING:					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
BUSINESS NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
As the previous owner, I hereby agree to transfer ownership to the above.					
_____			_____		
Date			Signature of Previous Owner		

I HEREBY CERTIFY THAT THIS ESTABLISHMENT WILL ONLY SELL TOBACCO PRODUCTS AS PRESCRIBED UNDER STATE LAW & THAT CONSUMPTION OF ANY CIGARETTE, CIGAR, PIPE, OR OTHER SMOKING MATERIAL WILL NOT OCCUR.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature