

# TOBACCO LICENSE APPLICATION

Nebraska Revised Statute [28-1420](#)

Revised 9/16/19

**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 Funds may be withdrawn immediately and your check will not be returned.)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:** Contact Sony Phan, 402 441-7437, [sphan@lincoln.ne.gov](mailto:sphan@lincoln.ne.gov)

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

<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

<b>PLEASE CHECK ONE:</b>	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Both
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OWNER INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PERSON:			PHONE #:		
EMAIL ADDRESS:					

ESTABLISHMENT INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PERSON:			PHONE #:		
EMAIL ADDRESS:					

<b>MAILING ADDRESS</b>				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

<b>IF TRANSFER OF OWNERSHIP, HAVE PREVIOUS OWNER COMPLETE THE FOLLOWING:</b>				
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