APPLICATION FOR TOBACCO LICENSE Dakota County, Nebraska

(as per State Statute Section <u>28-1422</u>)

License Fee - \$10.00

Make checks payable to *Dakota County Treasurer (Treasurer's code 6500-324-02)*Return form to: Dakota County Clerk,1601 Broadway, PO Box 39, Dakota City NE 68731 402-987-2130

Date:		
Name of Applicant: _		
Business Name:	"(If different from Applicant Name)"	
Mailing Address:		
Applicant is a:	Individual (must provide Social Security#)	
	Partnership	
	Limited Liability Company	
	Corporation	
EXACT location of the	e place of business (complete address):	
Email Address		
fee to and including Decen	icense shall run shall be from the date of filing such application and paying such licenber 31 of the calendar year in which application for such license is made. If application for such license is made. If application for any calendar year, the fee shall be one-half of the fee provided in this section.	ioi
Please return form to:		
Dakota County Clerk 1601 Broadway		
PO Box 39 Dakota City, NE 6873. (402) 987-2130	Signature of Applicant	