

**APPLICATION FOR TOBACCO LICENSE**  
**Dakota County, Nebraska**  
(as per State Statute Section [28-1422](#))

License Fee: \$10.00

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 place of business (complete address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(The term for which such license shall run shall be from the date of filing such application and paying such license fee to and including December 31 of the calendar year in which application for such license is made. If application for license is made after July 1 of any calendar year, the fee shall be one-half of the fee provided in this section ([Section 28-1423](#)))*

Please return form to:

Dakota County Clerk  
1601 Broadway  
PO Box 39  
Dakota City, NE 68731  
(402) 987-2127

\_\_\_\_\_  
Signature of Applicant