TOBACCO LI CENSE APPLI CATI ON FOR LANCASTER COUNTY, NEBRASKA

License Year: January 1 thru December 31 **Retail Fee:** \$10.00 per license year

Please check one: NEW TRA	ANSFER OF OWNERSHIP RENEWAL	
OWNER/ LI CENSEE I NFORMATI ON		
NAME (person, partnership, LLC or corporation):		
SOCIAL SECURITY NUMBER (if individual):		
MAILING ADDRESS/CITY/STATE/ZIP:		
PHONE #:		
E-MAIL ADDRESS:		
DUOLNEOD INCODINATION (II	L L PHOINTEON APPRESSO L L L L L L L L L L L L L L L L L L	
,	be sent to <u>BUSINESS ADDRESS</u> unless otherwise noted)	
BUSINESS NAME:		
BUSINESS ADDRESS/CITY/STATE/ZIP:		
MAILING ADDRESS (if different than above):		
CONTACT PERSON:		
CONTACT PHONE #:		
E-MAIL ADDRESS:		
Owner/Licensee Signature	Date	
Retail fee is \$10. New applications made after July 1 may prorate the fee by one-half. There are no fees on a Transfer of Ownership provided the previous owner is agreeable to the transfer. Form of payment: Cash Check (payable to Lancaster County Clerk) Debit/Credit (will add 2.49% fee) Debit/Credit Card Information:		
Name as Appears on Debit/Credit Card	Credit Card Number	
Billing Zip Code	Card Type Exp Date CCV Code (Visa/MC/AE/Disc) (3 digit code)	
Cardholder Signature	RETURN APPLI CATI ON & PAYMENT TO: Lancaster County Clerk, 555 S. 10 th Street,	

IF THIS IS A TRANSFER OF OWNERSHIP, HAVE PREVIOUS OWNER COMPLETE REVERSE SIDE.

Lincoln, NE 68508

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TRANSFER OF OWNERSHIP

The <u>previous owner</u> must complete the following:

PREVIOUS OWNER INFORMATION		
NAME:		
STREET ADDRESS/CITY/STATE/ZIP:		
PHONE #:		
PREVIOUS BUSINESS INFORMATION		
NAME:		
STREET ADDRESS/CITY/STATE/ZIP:		
CONTACT PERSON:		
CONTACT PHONE #:		
NEW OWNER INFORMATION		
NAME (please print):		
As the previous owner, I hereby agree to transfer ownership to the above.		
Signature of Previous C	Dwner Date	