City of Minden

P.O. Box 239, 325 N. Colorado
Minden, Nebraska 68959

phone 308.832.1820
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The Christmas City
Minden
NEBRASKA

Application for Tobacco License
for Jan. 1 to Dec. 31, 2014

Application to sell cigars, tobacco, cigarettes, and cigarette material is hereby made to the City Clerk of the City of Minden, Nebraska, according to the laws of the State of Nebraska, Neb. Rev. Stat. §28-1418 to §28-1429, as amended.

LICENSE FEE: **$10.00**

1.   Application Date: ___-___-_____

2.   Applicant: _____
                    (First)   (Middle Initial)   (Last)   (Date of Birth)

        Type of Applicant: _____ Individual
                                _____ Partnership
                                _____ Limited Liability Company
                                _____ Corporation

3.   **Business Information:**

        Name of Business: _____

        Employer ID Number (S.S. Number if individual): _____

        Business Address: _____
                                    (Street, City, State, Zip)
        Business Phone: (_____)_____

        Business Fax: (_____)_____

4.   **Business Owner Information:**

        Name: _____

        Employer ID Number (S.S. Number if individual): _____

        Owner's Address: _____
                                    (Street, City, State, Zip)
        Owner's Phone: (_____)_____Owner's Cell: (_____)_____

        Owner's Fax: (_____)_____

5.   Physical Location of Products (Vending Machine(s), Behind Counter, etc.)

_____

DATED this _____ day of _____, _____.
I hereby certify that I am over the age of eighteen years and have submitted an application to sell Cigars, Tobacco, Cigarettes and Cigarette Materials to persons over the age of eighteen years, according to the laws of the State of Nebraska and within the city limits of Minden, Nebraska at the above mentioned place of business.

_____
Signature of Applicant

Please return this application with payment made out to the City of Minden.

City Clerk
City of Minden
PO Box 239
Minden, NE 68959

For Office Use Only

Application Filing Date _____

Application Approved _____

Payment Type _____ Amt _____ Date _____