



**STATE OF NEBRASKA
NON-PARTICIPATING MANUFACTURER
CONSENT TO SUIT**

Certification Year 2020

NON-PARTICIPATING MANUFACTURER INFORMATION:	
Business Name:	Contact Person:
Mailing Address:	City:
State/Country:	Zip Code:
Telephone:	Email:

CONSENT TO SUIT:	
<p>The above-named Non-Participating Manufacturer does hereby consent that any action or proceeding against it arising from enforcement of the provisions of Neb. Rev. Stat. §§ 69-2702 through 69-2711, and any rules promulgated pursuant to these statutes, or the bringing of a released claim as defined in Neb. Rev. Stat. § 69-2702, may be commenced in any state court of competent jurisdiction within Nebraska.</p>	
Initial by Authorized Representative:	

REQUIRED DOCUMENTATION ATTACHED:	
	<p>Proof of authority to consent to suit on behalf of the Non-Participating Manufacturer, <i>e.g.</i>, a resolution by the Non-Participating Manufacturer specifically agreeing to the consent to suit provision, as well as any required approval by an applicable governmental agency, whether federal, state, county, local, or tribal.</p>
	<p>Proof of authority given to the signing party to execute the consent to suit provision.</p>

SIGNATURE OF NON-PARTICIPATING MANUFACTURER:	
Authorized Representative:	Title:
Representative Signature:	Date:

Notary:
Subscribed and Sworn Before Me on this Date:
Signature of Notary Public:
City or County of:
My Commission Expires:
Seal:

MAIL OR EMAIL THE ORIGINAL COMPLETED FORM TO:	MAIL OR EMAIL A COPY TO:
Office of the Nebraska Attorney General Tobacco Enforcement Unit 2115 State Capitol P.O. Box 98920 Lincoln, Nebraska 68509-8920 Email: ago.tobacco@nebraska.gov	Nebraska Tax Commissioner Attn: Cigarette Tax Division P.O. Box 94818 Lincoln, Nebraska 68509-4818 Email: garrett.nedved@nebraska.gov