



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

<b>Certification Year</b> <b>2019</b>
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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:	
	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.
	Proof of authority given to the signing party to execute the consent to suit provision.

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: <a href="mailto:ago.tobacco@nebraska.gov">ago.tobacco@nebraska.gov</a>	Nebraska Tax Commissioner Attn: Cigarette Tax Division P.O. Box 94818 Lincoln, Nebraska 68509-4818  Email: <a href="mailto:cliff.thomas@nebraska.gov">cliff.thomas@nebraska.gov</a>