STATE OF NEBRASKA

IMPORTER INFORMATION:

Business Name:

Address:

State:



Contact Person:

City:
Zip Code:

IMPORTER ACCEPTANCE OF JOINT AND SEVERAL LIABILITY

Telephone:	Email:		
F	D.,		
FEDERAL TOBACCO IMPORTER	PERMIT NUMBER: Department of Treasury, Tobacco Tax Bureau must be included with this form.		
\rightarrow A copy of the permit issued by the U.S.	Department of Treasury, Tobacco Tax Bureau must be included with this form.		
NON-PARTICIPATING MANUFAC	CTURER FOR WHOM LIABILITY IS ACCEPTED:		
Business Name:	Contact Person:		
Address:	City:		
State:	Zip Code:		
Telephone:	Email:		
BRAND FAMILIES BEING IMPOR	TED INTO U.S. FROM NON-PARTICIPATING MANUFACTURER:		
THESE CIGARETTE BRAND FAM	uries Ane Importer Under.		
	A Written Contract Commencing and ending . An Oral Contract or Informal Agreement		
	rted under a written contract, a copy of that contract must be included with this form.		
, in enganeme or analyammes are impor			
ACCEPTANCE OF JOINT AND SE	veral Liarii itv•		
	§ 69-2703(2)(d), for all sales of brand families of cigarettes identified above		
	ca, the Importer hereby accepts joint and several liability with the Non- ed above for deposit of all escrow due on a quarterly basis into a qualified		
	nt and several liability shall remain in effect until the Importer withdraws from		
	vance notice by certified mail to the Office of the Nebraska Attorney General,		
	release said Importer from any liability existing hereunder at the time of the		
	and further provided that said 60 days shall begin to run on the day following		
	Nebraska Attorney General. More particularly, all escrow obligations existing		
	er's withdrawal shall continue to be protected by this agreement, even though		

Initial of Importer:

no cause of action has accrued at the time of the withdrawal.

CONSENT TO SUIT:				
		any action or proceeding against it pursuant to Neb. Reveaska may be commenced in any state court of competent		
jurisdiction within Nebraska.	tate of Nebi	aska may be commenced in any state court of competen		
		1		
Initial of	Importer:			
IMPORTER'S REGISTERED AGENT FOR	SERVICE C	OF PROCESS:		
Company:		Address:		
City:		State:		
Zip Code:		Telephone:		
Fax:		Email:		
→ A statement from the Registered Agent noting his or her service in this capacity must be included with this Certification Form.				
ADDITIONAL REQUIRED DOCUMENTAT	ION:			
		ability for Non-Participating Manufacturer under Neb.		
Rev. Stat. § 69-2703(2)(d).				
	t on behalf o	of the Importer, e.g., a resolution by the Importer		
		ision, 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 this agreement.				
SIGNATURE:				
Authorized Designee:		Title:		
Designee Signature:		Date:		
Notary:				
Subscribed and Sworn Before Me on this D	ate:			
Signature of Notary Public:				
City or County of:				
My Commission Expires:	Seal:			
MAIL OR EMAIL THE COMPLETED FOR	м То:	MAIL OR EMAIL A COPY TO:		

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