



City of Crete Nebraska  
Tobacco License Application  
Crete City Code §10-701

NAME Im Noeut  
Owner or person completing application

DOING BUSINESS AS Smokin' Liquor LLC  
Registered name of business

CRETE ADDRESS 1229 Main Ave. crete NE 68333  
Business address  
1229 Main Ave. Crete NE 68333  
Mailing address City State Zip

BUSINESS PHONE NUMBER 402 418 7078

EMAIL smokinliquor21@gmail.com  
Local contact

CORPORATE OFFICE ADDRESS \_\_\_\_\_  
Put N/A if none Mailing address City State Zip

NATURE OF BUSINESS CONDUCTED E-Cigarettes, Nicotine, tobacco  
kratom, E-Juice, T-shirt, hat, liquor, snacks, CBD

CHECK LIST:

NEBRASKA SALES TAX PERMIT	<input checked="" type="radio"/> Yes	No	
FEDERAL TAX IDENTIFICATION NUMBER	<input checked="" type="radio"/> Yes	No	
STATE PERMIT (If Required)	Yes	No	N/A
FEDERAL PERMIT (If required)	Yes	No	N/A

SIGNATURE Imnoeut DATE 07/01/24  
Owner or person completing application

Tobacco dealer application fee: See Master Fee Schedule  
Retail license: See Master Fee Schedule  
Please include fee and return to: Crete City Clerk  
PO Box 86  
Crete NE 68333

City use only: Permit Number: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_