



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874



MOBILE FOOD VENDOR LICENSE APPLICATION

Application Type: ☒ New ☐ Renewal ☐ Modify

Applicant Name: Martinez, Arturo Jr.
Last First MI

Application Date: 03/21/24

Title: The Snack Oasis

Phone: 619-990-2420

Email: Artmtzjr@gmail.com

Address: 2797 Ponderosa Pl, Unit B, Fallon, NV 89406

Date of Birth: [REDACTED]

Driver's License Number: [REDACTED]
Texas

Driver's License State: _____

Business Entity Type: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ DBA
☐ Corporation ☐ Association ☐ Other: _____

Business Name: The Snack Oasis

Business Owner(s):

Name	Address	Title
Arturo Martinez Jr	2797 Ponderosa Pl, Unit B, Fallon, NV 89406	Owner
Vicky Martinez	2797 Ponderosa Pl, Unit B, Fallon, NV 89406	Co-Owner

Business Address (if applicable): 920 W Williams Ave, Fallon, NV 89406
City State Zip

Name of owner's authorized agent, if any: _____

Provide a description of the selling methods to be used and the nature of the products or services to be offered:

This will be a food trailer, offering mainly snow cones or shaved ice. Will be providing over 30 flavors of syrups. Concessions will also be available such as nachos, hot dogs, mini pancakes (dessert). Specialty snowcones will be advertised as well.

I am looking to park outside the old walmart parking lot where the dollar tree and Big 5 are located. I have already obtained permission by The Oasis Academy for that.

Concessions will be available to go only, no tables or chairs will be presented

Have you owned or managed any other business? ☐ Yes ☒ No

If Yes, list the business(es) you have managed:

Begin/End	Name	Address	City	State	Zip



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Have you ever been issued a business or mobile food vendor license?

☐

Yes

☒

No

If Yes, when? _____

What Agency? _____

Have you ever had a business or mobile food vendor license revoked?

☐

Yes

☒

No

If Yes, when? _____

What Agency? _____

Have you ever been denied a business or mobile food vendor license?

☐

Yes

☒

No

If Yes, when? _____

What Agency? _____

Have you ever been arrested?

☐

Yes

☒

No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

Vehicle Information (to be used for mobile vending):

Year of Vehicle	Make	Model	Plate Number
2019	EMPI	CARGO-	93221Y

A copy of a valid, unexpired Nevada vehicle registration, if applicable, must be submitted with this application.

Health Permit:

A copy of proof of Nevada State Division health permit must be submitted with this application.

State of Nevada Department of Taxation:

Proof of filing with the State of Nevada Department of Taxation must be submitted with this application.

I declare under penalty of perjury that the foregoing is true and correct:

1. That I have received and read a copy of Chapter 5.60 of the Fallon Municipal Code- Mobile Food Vendors.
2. That upon approval of a mobile food vendor license, I will conduct the business and business establishment in accordance with the provisions of the laws of the State of Nevada, the United States, and the ordinances of the City of Fallon applicable to the conduct of business; and
3. That the above information is true and correct to the best of my knowledge and belief and that such declaration is made with full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a mobile food vendor license.

Applicant's Signature



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AUTHORIZATION AND RELEASE

I, Arturo Martinez, authorize the Fallon Police Department to perform a background check and to release the results of said investigation, which may include information of a confidential or privileged nature, to the City Council in public documents and/or discussion at a public meeting.


Applicant's Signature

OFFICIAL USE ONLY

City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police			
Engineering/Building Department			
Attorney's Office			
City Clerk's Office			
Fallon/Churchill Fire Dept			
Conditions required for approval: <u>Obtain all necessary health permits from Central Nevada Health District.</u>			
Recommendation for application: <u>Approve</u> <u>Approve with Conditions</u> <u>Disapprove</u>			

OFFICIAL USE ONLY:

Account No.

License No.

Payment Received By:



**STATE OF NEVADA SALES TAX PERMIT
DEPARTMENT OF TAXATION**

Taxpayer ID: 1045016039-002
Correspondence ID: 2400016572551
Date: 3/29/2024

SNACK OASIS THE
2797 PONDEROSA PL, UNIT B
FALLON, NV 89406

THIS PERMIT:
IS NOT TRANSFERABLE TO ANY OTHER PERSON.
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY
REQUIRED BUSINESS LICENSE, PERMIT OR
REGISTRATION.

Is authorized to collect Nevada sales tax at the following location if
different from above.

Permit Location:
SNACK OASIS THE
9220 W WILLIAMS
FALLON, NV 89406

MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION

(Detach Here)

Attached is your Nevada Sales Tax Permit.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) on resale certificates, in correspondence or telephone calls to the Department.

Based on your estimated monthly taxable receipts as stated on the Nevada Business Registration Supplemental application, your filing frequency will be Monthly.

As stated on the application, your business start date is 4/1/2024, making your first remittance due on or before 5/31/2024

The Department of Taxation has forms, publications and information available via internet at <https://tax.nv.gov>.

The Department of Taxation is providing businesses with the ability to view and manage their accounts via the internet through its interactive website, NevadaTax, located at <https://nevadatax.nv.gov/>. Businesses can file tax returns, make payments, and view financials associated with their Sales and Use Tax account, Modified Business Tax account, and Business License account.

A business must first register and receive a username and password before NevadaTax will allow access to view and manage accounts. If you are already registered to use NevadaTax, this tax type will be added to your existing account.

Your business should use the following Pre-approved NevadaTax Activation Code when registering to use NevadaTax: Pre-approved NevadaTax Activation Code: FEA5249C-91BD-4EA0-A8E4-1ACFE858EBE9

The Nevada Sales Tax Permit has been issued pursuant to an application duly filed and payment of prescribed fees. This Sales Tax Permit is subject to the provisions of Nevada Revised Statutes 372, 374, and 377. This Sales Tax Permit shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

DISTRICT OFFICE LOCATIONS

CARSON CITY MAIN OFFICE 1550 College Parkway, Suite 115 Carson City, Nevada, 89706 Phone: (775) 684-2000	RENO OFFICE 4600 Kietzke Lane Building L, Suite 235 Reno, Nevada, 89502 Phone: (775) 687-9999	LAS VEGAS OFFICE 700 E. Warm Springs Road, Suite 200 Las Vegas, Nevada, 89119 Phone: (775) 486-2300
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In the event of an address change, please notify the Department of Taxation immediately in order to direct any correspondence to your new address.



Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0625
(775) 684-4368

3-Year Registration
2027 EXPIRES
3/13/2027

LICENSE NUMBER 93221Y	YEAR 2019	MAKE EMPI	TYPE 2W	CYL 2	MSRP 2900.00	FUEL 0	AXLE 1	DECLARED WEIGHT 0	UNLADEN WEIGHT 1200
VEHICLE IDENTIFICATION NUMBER 7F81E121XKD004655			MODEL NAME/LENGTH CARGO-				COUNTY BASED CHURCHILL		
ISSUE DATE 3/13/2024	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE N		DECAL NUMBER 93221Y	PLATE BACKGROUND HOME MEANS NEVADA			

MARTINEZ,ARTURO JR (REGD)

MARTINEZ,ARTURO
2797 PONDEROSA PL UNIT B
FALLON NV 89406-4119

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE
Form NVREG04 175763209 - 3036 - 11600



Instructions for applying the
decal to the rear license plate are
on the reverse of this form.

Central Nevada Health District

Temporary Food Service Establishment Permit

Issued to: The Snack Oasis LLC

Managed by:

Event:

Location:

Dates of Operation: 6/8/2024 thru 6/8/2024

City:

Permit #: T24-022

State:

Be it known this temporary food service establishment is hereby authorized to operate during this event in Churchill County, State of Nevada and is subject to the provisions of the Central Nevada Health District Sanitation Ordinance.



CENTRAL NEVADA
HEALTH DISTRICT

Daren Winkelman

Public Health Administrator

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED

FALLON POLICE DEPARTMENT

55 West Williams Avenue
Fallon, Nevada 89406-2941
775-423-2111
Fax: 423-6527

Ron Wenger
Chief of Police

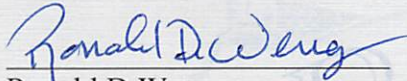
April 18, 2024

This letter certifies that Mr. Arturo Martinez Jr and Mrs. Vicki Martinez, of 2797 Ponderosa Place in Fallon, Nevada 89406, owner of "The Snack Oasis LLC" have completed application and have passed the limited background check, including a local records check and CPClear Database check, for operating a mobile food vending truck/trailer within the City of Fallon.

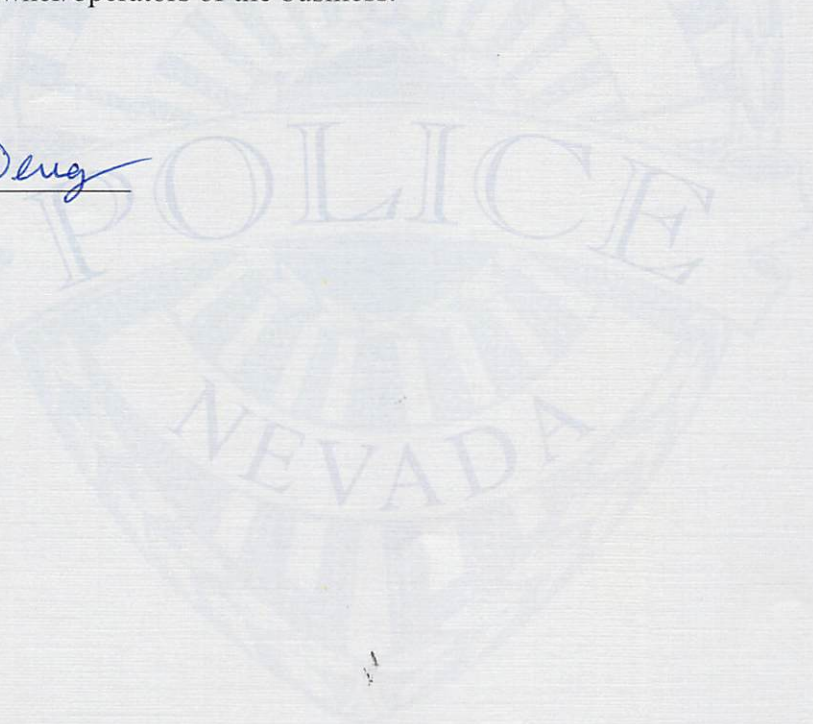
Mr. and Mrs. Martinez plan on pulling their mobile trailer to locations within the city and to special events to prepare and sell snow cone and snack type foods.

Additionally, I have met with Mr. and Mrs. Martinez and discussed Fallon Municipal Code 5.60 which specifically lists the laws regarding Mobile Food Vending platforms. I reviewed the ordinance with Mr. and Mrs. Martinez and they confirmed they understood their limitations and responsibilities as owner/operators of the business.

Sincerely,



Ronald D Wenger
Chief of Police



Mobile Food Vender License Application Interview

Supplement

APPLICANT Arturo and Vicki Martinez

DATE 04/18/2024

BUSINESS NAME – The Snack Oasis 2797 Ponderosa Place Fallon, Nv 89405

I (will)/will not) be the on-site supervisor.

If not, the on-site supervisor will be _____

I understand that if the on-site supervisor changes, I am responsible to notify the City Clerk's Office. Initials VM, AM

I acknowledge that as the license holder, I am personally responsible for what is sold from the mobile store. Initials VM, AM

I further acknowledge that as the license holder, I am responsible for the business and may be held personally responsible for any violations of law or ordinance. Initials VM, AM

I have received, read and understand the Mobile Food Vender and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials VM, AM

Witness: Ronald D Wenger, Chief of Police