



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874



LIQUOR LICENSE APPLICATION

Application Type: New Owner Change Manager Change Location Change

Applicant Name: Mendoza, Juan Valencia Application Date: 4/16/2026
Last First MI

Title: Owner Phone: (775) 224-1911

Date of Birth: [REDACTED] Driver's License Number: [REDACTED]
 State: [REDACTED]

List all addresses in which you have resided at for the past five (5) years.

Begin/End	Physical Address	City	State	Zip
- Present	3399 Sorenson rd.	Fallon	NV	89406

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

Business Name: Comunicacion y taqueria Mendoza y

Business Owner(s):

Name	Address	Title
Juan Mendoza	3399 Sorenson rd. Fallon NV. 89406	Owner

Business Address: 715 South Taylor St. Fallon NV. 89406
City State Zip

Provide a brief description of the portion to be occupied by the establishment for which the license is sought: (Attach drawing of layout)

Approximately 400 Square Feet.

Is the premises to be licensed leased by the applicant? Yes No

Name of the owner of the premises: Juan Mendoza Valencia

Name of the owner's authorized agent, if any: N/A.

What type of license for which the application is made: Retail (Off Premises) Drinking Establishment (On Premises)

Have you owned or managed any other business? Yes No

Updated 10/25/24



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If Yes, list the business(es) you have owned or managed.

Begin/End	Name	Address	City	State	Zip
2005/Still	Carniceria Mendoza	5055 Sun Valley Blvd.	Sun Valley	NV.	89433

Have you ever been issued a business or a liquor license? Yes No
 If Yes, when? 2015 What Agency? Washoe County

Have you ever had a business or liquor license revoked? Yes No
 If Yes, when? _____ What Agency? _____

Have you ever been denied a business or liquor license? Yes No
 If Yes, when? _____ What Agency? _____

Have you received any specialized training for serving alcoholic beverages? Yes No

If Yes, explain: _____

Have you ever been arrested? Yes No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

List five (5) references not related to you with daytime phone numbers:

Name	Phone	Relationship
Jeremiah	[REDACTED]	Friend
Josh Campbell	[REDACTED]	Friend
Ramon Ramirez	[REDACTED]	" "
Ray Espinoza	[REDACTED]	" "
Guillermo Almorada	[REDACTED]	" "
Eric Delgado	[REDACTED]	" "

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

- That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code – Alcoholic Beverage Sales;
- That upon approval of a Liquor 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
- That the above information is true and correct to the best of my knowledge and belief and that such declaration is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a business license.

Juan Mendoza
 Applicant's Signature



CITY OF FALLON CLERK'S OFFICE

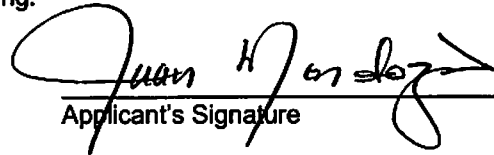
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AUTHORIZATION AND RELEASE

I, Juan Mendoza Valencia, 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.

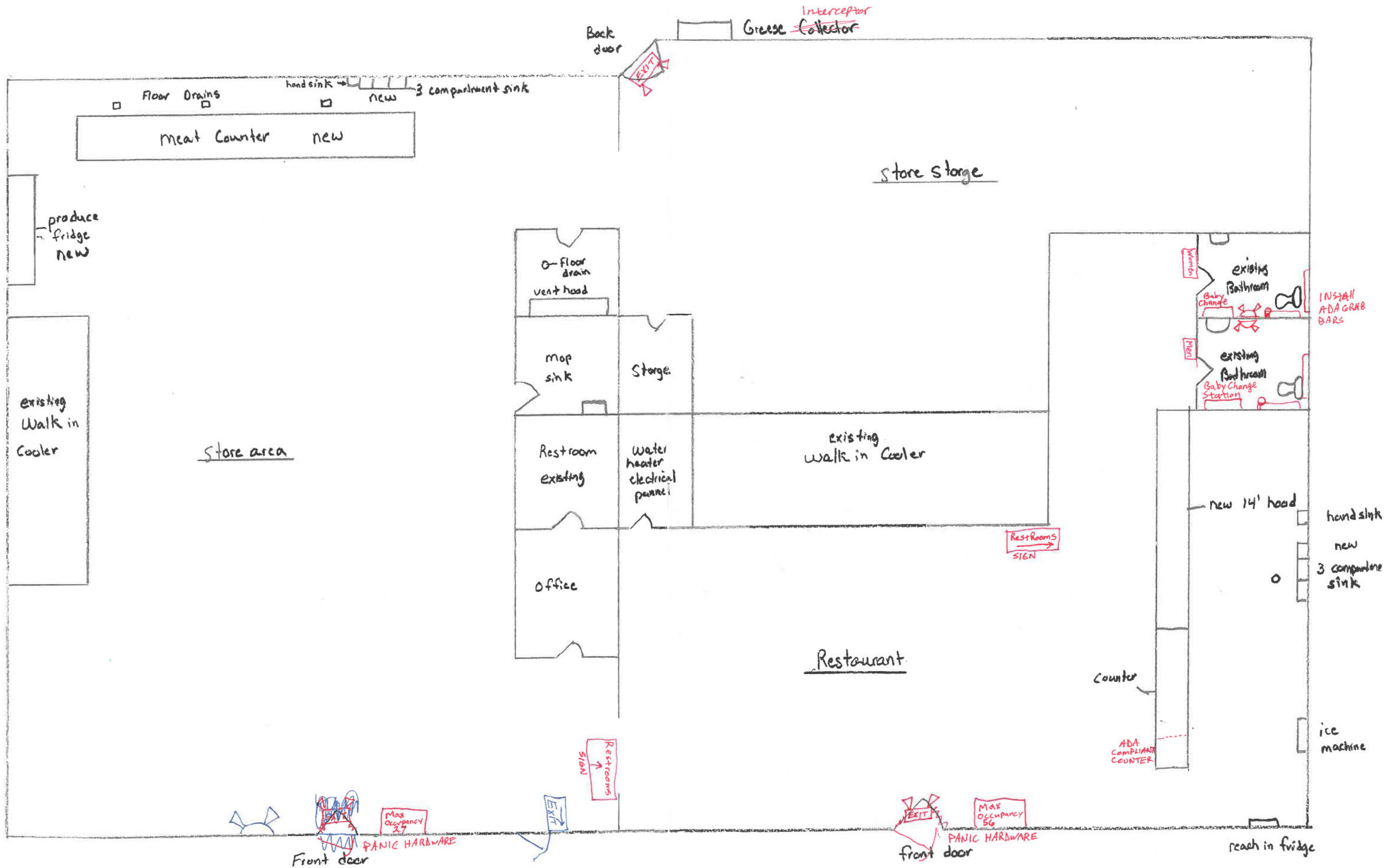

Applicant's Signature

OFFICIAL USE ONLY:

Account No.

License No.

Payment Received By:



Liquor License Application Interview Supplement

APPLICANT: Mendoza, Juan V.

DATE 4-20-26

BUSINESS NAME: Carniceria & Taqueria Mendoza

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 for notifying the City Clerk's Office. Initials JM

I acknowledge that as the license holder, I am personally responsible for what is sold at the store/location. Initials JM

I further acknowledge that as the license holder, I am responsible for alcohol sales from the business and may be held personally responsible for alcohol sales that violate any law or ordinance. Initials JM

I have received, read and understand the Liquor and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials JM

Witness: John Riley, Support Services Captain

FALLON POLICE DEPARTMENT

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

Daniel Babiarz
Chief of Police

April 21, 2026

On April 16, 2026 the Fallon Police Department received an application for City Liquor License modification from Mr. Juan Mendoza of 3399 Sorenson Road Fallon, Nevada 89406. Mr. Mendoza is seeking a modification to his "on-premise" city liquor license in the form of a location change from its current location, 2161 West Williams Avenue, to its new location, 715 South Taylor Street. within the City of Fallon. In addition, he is requesting the addition of the "off-premise" designation to his license.

A review of Mr. Mendoza's previous references were all very favorable, with all speaking very highly of him.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found that Mr. Mendoza has no known violatons of law.

On April 20, 2026 I interviewed Mr. Mendoza and learned that he would be responsible for restaurant and the service of alcoholic beverages.

I have also provided a supplemental form in which Mr. Mendoza signed, indicating that he understands his responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Mr. Mendoza has passed a limited background check.

Sincerely,

A handwritten signature in blue ink that reads "John C Riley" followed by the date "2036".

John C Riley
Support Services Captain



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Privilege License Supplemental Approval Form

Application Date: 4/16/26

Applicant: Juan Mendoza

Business: Carniceria & Taqueria Mendoza

License Type: Liquor License

Application Type: New Owner Change Name Change Manager Change Location Change

OFFICIAL USE ONLY			
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police			
Chief of Staff			
Engineering/Building Department			
Attorney's Office			
City Clerk's Office			
Fallon/Churchill Fire Dept			
Conditions required for approval: _____			
Committee recommendation for application: <u>Approved</u> <u>Approved with Conditions</u> <u>Disapproved</u>			

OFFICIAL USE ONLY:		
Account No.	License No.	Payment Received By: