

CITY OF FALLON CLERK'S OFFICE

DECEIVED N JUN - 1 2023

55 West Williams Avenue, Fallon, Nevada 89406 Phone: (775) 423-5104

Phone: (775) 423-5104 Fax: (775) 423-8874 RECEIVED CLERK'S OFFICE

MOBILE FOOD VENDOR LICENSE APPLICATION 0 8 2023

| Application | Type: New | Renewal | | FALLO POLIC DEPT | F | |
|----------------|--|-------------------------|--------------------------------------|--|-----------|-----------|
| Applicant N | ame: Flove | z Blavie | h | Application Da | te: 5 | 7/23 |
| Title: Oi | uner/operator | | | Phone: <u>775-</u> L | 142-1 | 074 |
| | | | ļ | Email: <u>سالا</u> لات | Sthur | gers 8850 |
| | * | 2010/01/01 | | Address:\\\\ | elican u | og femlen |
| Date of Birth: | ~ | | Driver's License Driver's License | C STATE OF THE STA | | |
| Business Ent | ity Type: Sole Proprietor | Partnership Association | Limited L | iability Compan | у | DBA |
| Business Nar | me: Blavie Flo | irez O.BA. L | uld west | Buggers | | |
| Business Ow | ner(s): | 1 | | | | |
| Name | | Address | | Title | | |
| Blan | e Plovez | Hol Pelican way | Fernley W | owner/ | pereso | × |
| | | | | | | |
| | | | | | | |
| Business Add | lress (if applicable): | | | | | |
| Name of own | er's authorized agent, if an | o+ | (| City 5 | State | Zip |
| | | · | | | | |
| + coe | cription of the selling meth | to be used and the r | s hambor | icts or services t | o be offe | red: |
| grill | and to als | 5 seh Gres | and wine | is a | Dee | o Sye/ |
| | ned or managed any other business(es) you have ma | | Yes X | lo | | • |
| Begin/End | Name Name | Address | Cit | у | 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 in | formation: | | | | | | |
| Date Charge | | Arrest | ting Agency | | Disposition | | |
| 1/17/05 wreckld | so during sobs tentul | \ 5f |) -4 KS | | Selony | | |
| 2/10/15 Treffich | ∽ ∩ | 50. | rkq | | Gelon | | |
| | | | | - | - | | |
| | | | | , | | | |
| | | | | , | | | |
| Year of Vehicle | Vehicle Information (to be | used for n | | D1-4- 11 | | | |
| | Make | | Model | Plate N | | | |
| 2020 | Dodge | Leur | n 2500 | 927.1 | 67 | | |
| | | | | | | | |
| | | | | | | | |
| A copy of a valid, unexpired No | evada vehicle registration, if app | olicable, mi | ust be submitted wi | th this applicatio | n. | | |
| | <u>Health F</u> | ermit: | | | | | |
| A copy of proof of Nevada Stat | te Division health permit must be | e submitte | d with this application | on. | | | |
| | State of Nevada Depa | rtment of | Taxation: | | | | |
| Proof of filing with the State of | Nevada Department of Taxation | n must be s | submitted with this a | application. | | | |
| | | | | | | | |
| I declare under penalty of perju | 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. | | | | | | | |
| | lge that any failure to disclose, r | | | to mislead may | be | | |
| | lge that any failure to disclose, r | | | to mislead may | be | | |
| | lge that any failure to disclose, r | vendor lice | | to mislead may | be | | |

Mobile Vendor License Application



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AUTHORIZATION AND RELEASE

| 1. Blave Florer | , authorize the | e Fallon Police Department to | perform a background | |
|---|--|--|----------------------|-----|
| check and to release the results of said | | | | e. |
| to the City Council in public documents | | | | -34 |
| | 1124 - 11 | Blank A | | |
| | A | Applicant's Signature | | _ |
| | | | | |
| | | | | |
| Action 194 as see the main 184 | | A STRING CONTROL OF THE STRING CONTROL OF TH | | |
| | | | | |
| | Official Use | Only | | |
| | / | 2 100 5 | -, - (| |
| Recommended by Chief of Police or Designee | Date <u>h</u> | Not recommended by Chief of or Designee | Police Date | 3 |
| | ,)) | 45 | -1-11-2 | |
| City of Fallon Engineering/Building Dep | artment | | Date 7/5//23 | - |
| City of Fallon Attorney's Office City of Fallon/Churchill County Fire Dep | · | | Date /-3/-20 | 2 |
| Only of Fallott/Charchin County Pile Dep | | | Date | 2 |
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| | | | | |
| Account No | License No. | Payment Rece | eipt No. | |

Mobile Vendor License Application

FALLON POLICE DEPARTMENT

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

> Ronald D. Wenger Chief of Police

> > June 29, 2023

On June 8, 2023 I reviewed the Mobile Food Vender Application of Blaine Florez for Wild West Burgers which is located at 161 Pelican Way Fernley Nevada 89408. During my review, it was noted that Mr. Florez has been convicted of two Felony crimes, namely; Wreckless Driving with Substantial Bodily Harm in 2005 and Trafficking Narcotics in 2017. It was also noted that he has provided the address to the Pyramid Lake High School as his business address.

With the application, Mr. Florez was provided a copy of Fallon Municipal Code 5.60 to which he signed, indicating his receipt and acknowledgement of reading the code.

In FMC 5.60.10 it states "In conformity with the policy of this chapter, the following persons may be found unqualified to hold a license under the provisions of this chapter." In subsection B of FMC 5.60.010 it lists "A person who has been convicted of a crime involving theft, fraud, dishonesty, receiving or possessing stolen property, any controlled substance violation, any sex offense or other serious crimes."

On June 28, 2023 I interviewed Blaine Florez regarding his felony arrest for trafficking and his business address. Blaine explained to me that he had been arrested and convicted of Trafficking a Controlled Subtance in 2015 out of the Sparks Justice Court. Blaine explained that he plead guilty to the charges and was placed on probation. Blaine further explained that he was assigned to and completed his probation in Churchill County Nevada, after which he started his current business. Blaine stated that the business was now his entire life and he has been clean and sober from drugs and alcohol for eleven years. I have obtained a copy of the Judgment of Conviction regarding Blaine's conviction. I have found that Blaine was truthful in his explanation of the conviction. As for the business address issue, Blaine explained that he is a Member of the Pyramid Lake Tribe and is authorized to use the Pyramid Lake High Schools dumpster, grease traps and kitchen to assist with his business. Blaine states he has used the same address for all documentation and permits obtained for his business.

Based on the disqualifying language of FMC 3.60.010, I am unable to certify that Blaine Florez has passed the necessary background check which consists of a local records and CPClear records inquiry.

Sincerely.

Ronald D Wenger, Chief of Police

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH



500 DAMONTE RANCH PARKWAY #657 RENO, NEVADA 89521 OFFICIAL PERMIT

Permit No. LY-014-19172

| BLAINE FLO | REZ | Operator of | WILD WEST BURGERS |
|--|---|---|---|
| at711 STATE STREET, NIXON, N | IV 89424 | * | |
| | is granted a | permit to operate the | e following |
| Permit Description: FOOD ESTAB | ISHMENT (MOB | ILE UNITS) | |
| Conditions of Permit: PLEASE CO | NTACT EHS STA | FF EVERY 10 MONTH | IS FOR ANNUAL INSPECTION |
| codes of the State of Ne THIS PERMIT IS NOT It is subject to revocation at any tin in accordance with Nevada state | vada Division of F TRANSFERABLE ne this establishm utes, and with rule | Public and Behavioral H EAND MUST BE POSTE ent is not maintained or | Nevada, and the rules, regulations and ealth in effect on this date. D IN VIEW OF THE PUBLIC. r is not operated in a sanitary manner, and es of the Nevada Division of Public and |

Expiration Date: 07/31/2023

State of Nevada

Department of Taxation

DEPARTMENT OF TAXATION RESELLER PERMIT SEARCH | TID (TAXPAYER ID) SEARCH | SUBMIT A TAX EVASION TIP

Search by NV Business ID (NVBID)



1 record found.

| TID | Loc | Business Name | Location Address | City | State | Zip |
|------------|-----|----------------------|------------------|-------|-------|-------|
| 1038514479 | 000 | BLAINE FLOREZ | 711 STATE STREET | NIXON | NV | 89424 |

Department of Taxation

Home

Tax Forms

Online Services

Commerce Tax

Local Government

Publications

Boards/Meetings

FAO's

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Tax Evasion

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Reseller Permit Search

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Search by Address

Search by Permit Number (TID)

TID (Taxpayer ID) Search

Search by Business Name

Search by NVBID

Search by Business Address



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