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JUL 31 2026
FALLON POLICE DEPT.

CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406
Phone: (775) 423-5104
Fax: (775) 423-8874

RECEIVED
JUL 30 2026
CLERK'S OFFICE

MOBILE FOOD VENDOR LICENSE APPLICATION

Application Type: [X] New [ ] Renewal [ ] Modify

Applicant Name: Robinson (Last) Kimberly (First) J (MI) Application Date: 6/30/2026

Title: Owner Phone: (530) 355-8309

Address: 6455 Curry Rd Fallon, NV. 89406 Email: kmcurrist2@frontier.com

Date of Birth: [redacted] Driver's License Number [redacted]

Driver's License State: [redacted]

Business Entity Type: [ ] Sole Proprietor [ ] Partnership [X] Limited Liability Company [ ] DBA
[ ] Corporation [ ] Association [ ] Other:

Business Name: The Experience Truck LLC

Business Owner(s):

Name	Address	Title
Kimberly Robinson	6455 Curry Rd Fallon NV 89406	Owner

Business Address (if applicable): 6455 Curry Rd Fallon (City) NV (State) 89406 (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:
Cook burgers, hot dogs, wraps, salads, appetizers, water and soda. Toast POS systems
Flat top and deep fryer and steam table

Have you owned or managed any other business? [ ] Yes [X] 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
2006	Theft - misdemeanor	Sierrwille	no contest

Vehicle Information (to be used for mobile vending):

Year of Vehicle	Make	Model	Plate Number
1977	GENE	Cater	5193E2

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

Health Permit:

A copy of proof of Central Nevada Health District 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.

Kim Rol
Applicant's Signature

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AUTHORIZATION AND RELEASE

I, Kimberly Robinson, 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.

Kim Rob
Applicant's Signature

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

CENTRAL NEVADA HEALTH DISTRICT
OFFICIAL INSPECTION REPORT
775-867-8181
https://www.centralnevadahd.org/environmental-health-services/
HealthPermit@CentralNevadaHD.org

Establishment Name: The Experience Truck LLC		Inspection Date: 7-30-26	Establishment Status
Owner/Permittee: Kim Robinson		Re-inspection Date: N/A	
Address:	City/State/Zip: Fallon NV 89406	Phone #:	
Email Address:			Results
EHS:	Time In: 1:00	Time Out: 1:15	
EH Office Number: (775) 867-8181	Program Identifier:		
	Service: Result: Action: Opening		

Opening inspection conducted by Olivia Diaz

Kim & Jeremy were present throughout the entire inspection.

The following was observed;

- Preparation station replaced and maintaing tempature below 41F
- Drawer refrigerator under stove at 33F
- All holes near skylight were filled
- Hot water observed at 109F for 20 seconds
- Quat Sanitizer observed at proper Concentration

OK Okay to Operate

Questions contact Olivia Diaz 775-666-0717

PIC/Owner Print Name: Kim Robinson

PIC/Owner Signature: Kim Robinson

CNHD Print Name Olivia Diaz

CNHD Signature Olivia Diaz

Date 7-30-26

STATE OF NEVADA SALES TAX PERMIT

Department of Taxation

Account ID: SUT-0000-3639-2173
Location ID: 000-036-392-173-001
Issued: March 02, 2026

THE EXPERIENCE TRUCK

THIS PERMIT:
IS NOT TRANFERABLE 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:
THE EXPERIENCE TRUCK LLC
6455 CURRY RD
FALLON NV 89406-6241

MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION

DMV.NV.GOV

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

2027 EXPIRES 2/26/2027

LICENSE NUMBER	YEAR	MAKE	TYPE	CYL	USRP	FUEL	AXLE	DECLARED WEIGHT	UNLADEN WEIGHT
5193E2	1977	GENE	TVN	08	5722.00	G	2	5999	0

VEHICLE IDENTIFICATION NUMBER	MODEL NAME/LENGTH	COUNTY BASED
TPL3573602063	CATER	CHURCHILL

ISSUE DATE	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE	DECAL NUMBER	PLATE BACKGROUND
2/26/2026			N	5193E2	HOME MEANS NEVADA

ROBINSON,KIMBERLY JUNE (REGO)
THE EXPERIENCE TRUCK LLC (REGO)

ROBINSON,KIMBERLY JUNE
6455 CURRY RD
FALLON NV 89406-6241

PEEL HERE

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

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE

Form NVREG04 196720245 - 3036 - 10910

Mobile Food Vender License Application Interview Supplement

APPLICANT: Kimberly Robinson **DATE: August 04, 2026**

BUSINESS NAME: The Experience Truck LLC

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

If not, the on-site supervisor will be N/A

I understand that if the on-site supervisor changes, I am responsible for notifying the City Clerk's Office. Initials KR

I acknowledge that, as the license holder, I am personally responsible for all items sold through the mobile store. Initials KR

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 KR

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

Witness: Daniel Babiarz, Chief of Police

FALLON POLICE DEPARTMENT

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

Daniel Babiarz
Chief of Police

August 04, 2026

This letter certifies that Kimberly Robinson, of 6455 Curry Road, Fallon, NV, owner of "The Experience Food Truck LLC" has completed the application and has completed the limited background check, including a local records check, CP Clear, and DMV Database checks, for operating a mobile food vending truck/trailer within the City of Fallon.

I have interviewed Kimberly and discussed the local ordinances regarding Mobile Food Vendors and have provided her with a copy of the Fallon Municipal Code pertaining to these laws. Kimberly has indicated on the application that she has reviewed Chapter 5.60 of the Fallon Municipal Code, which lists explicitly the laws regarding Mobile Food Vending platforms.

Sincerely,

Daniel Babiarz
Chief of Police

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Privilege License Supplemental Approval Form

Application Date: 7/30/26

Applicant: Kimberly Robinson

Business: The Experience Truck LLC

License Type: Mobile Food Vendor

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	DB		
Chief of Staff			
Engineering/Building Department	7-7		
Attorney's Office			
City Clerk's Office			
Fallon/Churchill Fire Dept			

Conditions required for approval: _____

Committee recommendation for application: Approved Approved with Conditions Disapproved

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