



## 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: Anderson macie S  
Last First MI

Application Date: 3/25/25

Title: Owner

Phone: 775 217 8116

Email: macieshay11@gmail.com

Address: 500 Thompson Ln.

Date of Birth: [REDACTED]

Driver's License Number: [REDACTED]

Driver's License State: [REDACTED]

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

Business Name: Sprinkle Icecream and Treats

Business Owner(s):

Name	Address	Title
Macie Anderson	500 Thompson Lane	Owner

Business Address (if applicable): N/A  
City State Zip

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

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

Setup at special events, drive around neighborhoods

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
2016	Pizza Barn	1981 W. Williams Ave	Fallon	NV	89406
2021	CASSC Reactions	Home	Fallon	NV	89406



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

If Yes, when? 2022 + 2025

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

If Yes, when? \_\_\_\_\_

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

If Yes, when? \_\_\_\_\_

Have you ever been arrested? ☐ Yes ☒ No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

☒ Yes

☐ No

What Agency? state + Churchill county

☐ Yes

☒ No

What Agency? \_\_\_\_\_

☐ Yes

☒ No

What Agency? \_\_\_\_\_

### Vehicle Information (to be used for mobile vending):

Year of Vehicle	Make	Model	Plate Number
<u>1982</u>	<u>GMC</u>	<u>Box TRUCK</u>	

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.

  
Applicant's Signature



## CITY OF FALLON CLERK'S OFFICE

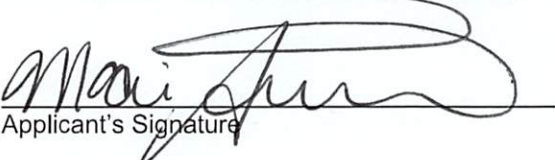
55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

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### AUTHORIZATION AND RELEASE

I, Macie Anderson, 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: _____			
_____			
_____			
Recommendation for application:	<u>Approve</u>	<u>Approve with Conditions</u>	<u>Disapprove</u>

### OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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From Macie Anderson <macieshay11@gmail.com>

Date Wed 4/9/2025 4:17 PM

To Elsie Lee <elee@fallonnevada.gov>

**Macie Anderson**  
[macieshay11@gmail.com](mailto:macieshay11@gmail.com)

April 9, 2025

**To the City Council of Fallon,**

I am writing to kindly request approval to operate an ice cream truck within the City of Fallon. My goal is to bring back a beloved small-town tradition by driving through different neighborhoods and serving prepackaged ice cream to children and families in our community.

Growing up in a small town, some of my fondest memories were of ice cream trucks rolling through the neighborhood. Hearing that cheerful jingle, rushing to ask my parents for a few dollars, and running outside to choose a treat—it was a simple but special part of childhood. Sadly, many kids today have never experienced that kind of joy, and that's something I hope to change now that I own an ice cream truck.

My nine-year-old brother, ten-year-old stepsister, and nine-year-old stepbrother are thrilled about the idea. They're excited not only to enjoy the treats themselves, but to help serve their friends and neighbors. I want to help create those lifelong memories for them—and for children across Fallon.

I understand that there may be concerns based on past experiences with mobile vendors. However, I want to reassure you that I am currently employed as a drug and alcohol counselor at New Frontier. I take community safety and responsibility very seriously. I've undergone background checks and attended required meetings as part of this process, and I truly appreciate the steps the city takes to protect its residents.

To comply with health and safety regulations, I will only be selling **prepackaged ice cream** while driving through neighborhoods in Fallon. I've spoken with both Churchill County and the health department to ensure I am following all applicable rules. For special events, where I am scheduled or invited to attend, I may also offer prepackaged drinks like bottled water or Gatorade. Additionally, I have a valid cottage food license, which allows me to serve approved sweet treats—but only at these special, pre-approved events. These baked goods will not be sold during neighborhood routes.

To keep the community informed, I plan to post regularly on social media about my route and schedule so families can know when to expect the ice cream truck in their area. When I'm driving through residential neighborhoods, I will move slowly and carefully. Once I see kids who are interested, I will safely pull over and park before serving any items.

This isn't just a business for me—it's a way to give back to the community I love and to bring a little bit of joy to the streets of Fallon. I respectfully ask for the City Council's approval to move forward with this initiative.

Thank you for your time and consideration.

Sincerely,  
**Macie Anderson**

## Mobile Food Vender License Application Interview Supplement

APPLICANT Macie Anderson

DATE 3/31/2025

BUSINESS NAME – Sprinkle Ice Cream and Treats

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 MA

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

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 MA

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 MA

  
Witness: Ronald D Wenger, Chief of Police



# FALLON POLICE DEPARTMENT

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

Ron Wenger  
Chief of Police

March 31, 2025

This letter certifies that Ms. Macie Anderson, of 500 Thompson Lane, Fallon Nevada 89406, owner of "Sprinkle Ice Cream and Treats" Mobile Food Truck has completed application and has passed the limited background check, including a local records check, CPClear and DMV Database checks, for operating a mobile food vending truck/trailer within the City of Fallon.

I have interviewed Ms. Anderson about the laws regarding Mobile Food Venders and have provided her with a copy of the Fallon Municipal Code pertaining to these laws. Ms. Anderson has indicated on her application that she has reviewed chapter 5.60 of the Fallon Municipal Code which specifically lists the laws regarding Mobile Food Vending platforms.

Sincerely,



Ronald D Wenger  
Chief of Police





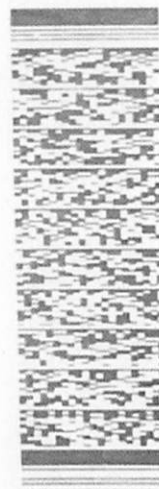
Department of Motor Vehicles  
555 Wright Way  
Carson City, NV 89711-0625  
(775) 684-4368

**2026** EXPIRES  
3/21/2026

LICENSE NUMBER <b>3021C9</b>	YEAR <b>1982</b>	MAKE <b>GENE</b>	TYPE <b>TSN</b>	CYL <b>8</b>	MSRP <b>6954.00</b>	FUEL <b>G</b>	AXLE <b>2</b>	DECLARED WEIGHT <b>10000</b>	UNLADEN WEIGHT <b>2984</b>
VEHICLE IDENTIFICATION NUMBER <b>1GDHP32M9C3504674</b>				MODEL NAME/LENGTH <b>3500</b>				COUNTY BASED <b>CHURCHILL</b>	
ISSUE DATE <b>3/21/2025</b>	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE <b>N</b>		DECAL NUMBER <b>3021C9</b>		PLATE BACKGROUND <b>HOME MEANS NEVADA</b>		

ANDERSON, MACIE SHAY (REGD)  
SUSTACHA, JAMES (REGD)

ANDERSON, MACIE SHAY  
500 THOMPSON LN  
FALLON NV 89406-7314



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 186606463 - 3036 - 2525


# Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**

✂

<p><b>Macie Anderson</b></p> <p></p> <p>Form A023 NV (06/17)</p> <p><b>IF YOU'RE IN AN ACCIDENT</b></p> <ol style="list-style-type: none"><li>1. Remain at the scene. Don't admit fault.</li><li>2. Find a safe location, call the police, and exchange driver information.</li><li>3. Call Progressive right away.</li></ol> <p><b>TO REPORT A CLAIM</b></p> <p>Call 1-800-274-4499 or go to <a href="https://claims.progressive.com">claims.progressive.com</a>.</p> <p><b>PROGRESSIVE</b></p> <p><b>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</b></p>	<p><b>INSURANCE IDENTIFICATION CARD - Nevada</b></p> <p><b>Policy Number:</b> 994916882      <b>NAIC Number:</b> 11770 <b>Effective Date:</b> 03/21/2025      <b>Expiration Date:</b> 09/21/2025 <b>Policy Type:</b> Commercial <b>Insurer:</b> United Financial Casualty Company 1-800-444-4487 PO Box 94739 Cleveland, OH 44101</p> <p><b>Insured(s):</b> <b>Macie Anderson</b> 500 Thompson Ln Fallon, NV 89406</p> <table><tr><td><b>Year</b></td><td><b>Make</b></td><td><b>Model</b></td><td><b>VIN</b></td></tr><tr><td>1982</td><td>GMC</td><td>FORWARD CONTR</td><td>1GDHP32M9C3504674</td></tr></table> <p><b>Your Agent:</b> <b>E H HURSH INC 1-775-423-6501</b> 295 S MAINE ST FALLON, NV 89406</p> <p><b>Additional Driver(s):</b> James Sustacha</p> <p><b>This evidence of insurance has been approved by the Nevada Commissioner of Insurance. This coverage provided by your policy meets the requirements set forth in NRS 485.185. This evidence of insurance must be carried in the insured motor vehicle for production upon demand.</b></p>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>	1982	GMC	FORWARD CONTR	1GDHP32M9C3504674
<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>						
1982	GMC	FORWARD CONTR	1GDHP32M9C3504674						



# *Central Nevada Health District*

## Food Establishment Health Permit

*Issued To*

Sprinkle Icecream + Treats  
500 Thompson Lane  
Fallon, NV 89406

Be it known this Mobile Units facility is licensed to operate in Churchill County, State of Nevada  
and is subject to the provisions of the Central Nevada Health District Sanitation Ordinance.

Issuance Date 03/27/2025

Expiration Date 03/27/2026

Permit Number 25-105



CENTRAL NEVADA  
HEALTH DISTRICT

*Daren Winkelman*

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Public Health Administrator

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED



# STATE OF NEVADA SALES TAX PERMIT

Department of Taxation

Account ID: **SUT-0000-3618-5061**  
Location ID: **000-036-185-061-002**  
Issued: **February 20, 2025**

MACIE ANDERSON  
500 THOMPSON LN  
FALLON NV 89406-7314

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.

**Permit Location:**  
SPRINKLE ICE CREAM AND TREATS  
500 THOMPSON LN  
FALLON NV 89406-7314

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

**MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION**