



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: Sobers Jennifer M.
Last First MI

Application Date: 4/21/24

Title: Owner

Phone: 775-685-9127

Email: Sobers@kara-ice.com

Address: 1700 Talking Sparrow Dr. Sparks NV. 89411

Date of Birth: [Redacted]

Driver's License Number: [Redacted]

Driver's License State: NV.

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

Business Name: Sobers Family LLC Kona Ice of South Reno

Business Owner(s):

Name	Address	Title
Jennifer Sobers	1700 Talking Sparrow	Owner
Matthew Sobers	Sparks NV. 89411	Owner

Business Address (if applicable): 1700 Talking Sparrow Dr. Spark NV 89411
City State Zip

Name of owner's authorized agent, if any: Jennifer Sobers

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

Mobile shaved ice truck

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?

If Yes, when? Current

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? Washoe/Carsm/Douglas 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>2023</u>	<u>GMC</u>	<u>Savanna</u>	<u>187-X11</u>

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

Health Permit:

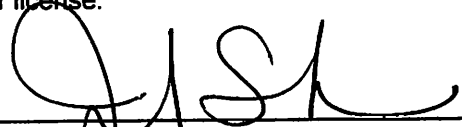
A copy of proof of Nevada State Division health permit must be submitted with this application.

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, Jennifer Sobers, 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.

[Signature]
Applicant's Signature

OFFICIAL USE ONLY

City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<u>[Signature]</u>	_____	_____
Engineering/Building Department	<u>[Signature]</u>	_____	_____
Attorney's Office	<u>[Signature]</u>	_____	_____
City Clerk's Office	<u>[Signature]</u>	_____	_____
Fallon/Churchill Fire Dept	<u>[Signature]</u>	_____	_____
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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FALLON POLICE DEPARTMENT

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

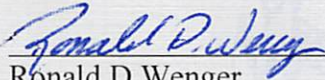
Ron Wenger
Chief of Police

April 23, 2024

This letter certifies that Ms. Jennifer Sobers, of 1700 Talking Sparrow Drive Sparks, Nevada 89441, owner of "Sobers Family LLC Kona Ice of South Reno" has completed application and has passed the limited background check, including a local records check, and the CPClear and DMV Database check, for operating a mobile food vending truck/trailer within the City of Fallon.

Ms. Sobers 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

**STATE OF NEVADA
DEPARTMENT OF MOTOR VEHICLES
RECEIPT**

PRINTED BY: 11774
TRAN EMP ID: 11774
LOCATION: RENO DMV

DATE: 04/05/2024
TIME: 16:33:18
F Y: 2024

Super Tran Id : 176471662

Completed Transactions

	<u>Fees</u>	<u>Date Paid</u>
1. VEHICLE RENEWAL - WALK IN FOR 1GD07RFP4P1106214/ GMC / SAVANA CUTAWAY G3500/ 2023/ 187X11	\$552.00	04-05-2024

Late Registration Fee	\$6.00
GOVERNMENTAL SERVICES TAX PENALTY	\$47.00
Registration Fee Passenger Vehicles	\$33.00
BASIC GOV SERVICES TAX - WASHOE	\$466.00

Total Fees Due:	\$552.00

Method of Payment

<u>Payment Type</u>	<u>Payment Number</u>	<u>Paid Amount</u>	<u>Date Paid</u>
CREDIT CARD		\$552.00	04-05-2024

	Total Fees Paid:	\$552.00	

Kim



STATE OF NEVADA SALES TAX PERMIT
DEPARTMENT OF TAXATION

Taxpayer ID: 1044025328-001
Correspondence ID: 2300015499459
Date: 01/31/2023

SOBERS FAMILY LLC
KONA ICE OF SOUTH RENO
1700 TALKING SPARROW DR
SPARKS NV 89441-4811

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:
KONA ICE OF SOUTH RENO
1700 TALKING SPARROW DR
SPARKS NV 89441-4811

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 04/01/2023, making your first remittance due on or before 05/31/2023.

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 <http://nevadatax.nv.gov>. Businesses can file tax returns, make payments, and view financials associated with their Sales and Use Tax, Modified Business Tax accounts, as well as make payments for other tax types.

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: **C1B4FAE9-D9DF-490C-AFA0-24C839593F24**.

The Nevada Sales Tax Permit has been issued pursuant to an application duly filed and payment of prescribed fees, if any. This Sales Tax Permit is subject to the provisions of Nevada Revised Statute 360. This Sales Tax Permit shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

If you have questions concerning the permit please call our Department's Call Center at (866) 962-3707

DISTRICT OFFICE LOCATIONS

<p>CARSON CITY MAIN OFFICE 1550 College Parkway, Suite 115 Carson City, Nevada, 89706</p>	<p>LAS VEGAS OFFICE 700 E. Warm Springs Rd Suite 200 Las Vegas, Nevada, 89119</p>	<p>HENDERSON OFFICE This Office is Closed. Please visit the Las Vegas Office, -</p>	<p>RENO OFFICE 4600 Kietzke Lane Building L, Suite 235 Reno, Nevada, 89502</p>
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Food Establishment Inspection Report

Central Nevada Health District 485 West B Street Fallon, NV 89406		(775) 867-8181	No. of Risk Factor/Intervention Violations: 0	Date: 06/11/2024
Establishment: Kona Ice		License/Permit: Est# 01-00344	No. of Repeat Risk Factor/Intervention Violations: 0	Time In: 10:45 AM
Street Address:		City:	Purpose of Inspection Plan Review	Time Out: 11:15 AM
State: NV		Zip Code:	Risk Category:	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Select the designated compliance status (IN, OUT, N/O, N/A) for each numbered item
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable
 Mark in the appropriate box for COS and/or R
 COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
Supervision			
1.	Person in charge present, demonstrates knowledge, and performs duties		
2.	Certified Food Protection Manager (CFPM)		
Employee Health			
3.	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4.	Proper use of restriction and exclusion		
5.	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6.	Proper eating, tasting, drinking, or tobacco use		
7.	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8.	Hands clean and properly washed		
9.	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10.	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11.	Food obtained from approved source		
12.	Food received at proper temperature		
13.	Food in good condition, safe, and unadulterated		
14.	Required records available: shellstock tags, parasite destruction		

Compliance Status		COS	R
Protection from Contamination			
16.	Food separated and protected		
16.	Food-contact surfaces; cleaned and sanitized		
17.	Proper disposition of returned, previously served, reconditioned and unsafe food		
Time/Temperature Control for Safety			
18.	Proper cooking time and temperatures		
19.	Proper reheating procedures for hot holding		
20.	Proper cooling time and temperature		
21.	Proper hot holding temperatures		
22.	Proper cold holding temperatures		
23.	Proper date marking and disposition		
24.	Time as a Public Health Control; procedures & records		
Consumer Advisory			
25.	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26.	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27.	Food additives: approved and properly used		
28.	Toxic substances properly identified, stored, and used		
Conformance with Approved Procedures			
29.	Compliance with variance/specialized process/HACCP		


GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark in box if numbered item is not in compliance Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30.	Pasteurized eggs used where required		
31.	Water and ice from approved source		
32.	Variance obtained for specialized processing methods		
Food Temperature Control			
33.	Proper cooling methods used; adequate equipment for temperature control		
34.	Plant food properly cooked for hot holding		
35.	Approved thawing methods used		
36.	Thermometers provided & accurate		
Food Identification			
37.	Food properly labeled; original container		
Prevention of Food Contamination			
38.	Insects, rodents, and animals not present		
39.	Contamination prevented during food preparation, storage and display		
40.	Personal cleanliness		
41.	Wiping cloths: properly used and stored		
42.	Washing fruits and vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43.	In-use utensils: properly stored		
44.	Utensils, equipment & linens: properly stored, dried, & handled		
45.	Single-use/single-service articles: properly stored and used		
46.	Gloves used properly		
Utensils, Equipment and Vending			
47.	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48.	Warewashing facilities: installed, maintained, & used; test strips		
49.	Non-food contact surfaces clean		
Physical Facilities			
50.	Hot and cold water available; adequate pressure		
51.	Plumbing installed; proper backflow devices		
52.	Sewage and waste water properly disposed		
53.	Toilet facilities: properly constructed, supplied, & cleaned		
54.	Garbage & refuse properly disposed; facilities maintained		
55.	Physical facilities installed, maintained, and clean		
56.	Adequate ventilation and lighting; designated areas used		
Employee Training			
57.	All food employees have food handler training		
58.	Allergen training as required		

Local 17 356


 Person in Charge (Signature) _____
 Date: 06/11/2024
 Jennifer and Matt Sobers


 Inspector (Signature) _____
 Maria Menjivar

Food Establishment Inspection Report

Name: Kona Ice

Establishment #: _____

Water Supply: N/A

Waste Water System: N/A

Inspection Date: 06/11/2024

GENERAL COMMENTS

Plan review construction final inspection of Kona Ice performed with owners Jennifer and Matt Sobers.
During this inspection, mobile food unit observed in compliance no issues observed.

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the timeframes below	Corrected by
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