

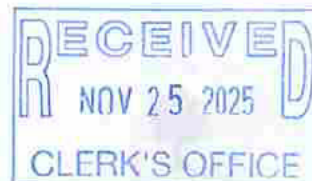


# CITY OF FALLON CLERK'S OFFICE

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: Tschumperlin, Colleen J.

Application Date: 11-25-25

Last

First

MI

Title: Owner

Phone: (760) 445-3675

Date of Birth: [REDACTED]

Driver's License Number: [REDACTED]

State: NV

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

Begin/End	Physical Address	City	State	Zip
7/2021 - Present	710 W A St	Fallon	NV	89406
6/2003-7/2021	1008 Hanson Ln	Ramona	CA	92065

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

Business Name: Bites and Bottles

Business Owner(s):

Name	Address	Title
Colleen Tschumperlin	710 W A St	Owner
Bron Tschumperlin	710 W A St	Owner

Business Address: 65 S Maine 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)

Restaurant serving paninis, charcuterie boards, wine, mead, ciders, and sodas.

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

Name of the owner of the premises: Danny Burroughs

Name of the owner's authorized agent, if any: Rogne Realty

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



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

Begin/End	Name	Address	City	State	Zip

Have you ever been issued a business or a liquor license? ☐ Yes ☒ No

If Yes, when? \_\_\_\_\_ What Agency? \_\_\_\_\_

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
Wende Steele	707-396-3822	Friend
Dave Steele	775-471-3920	Friend
Jaime Sammons	775-342-9463	Friend
Chasity Mills	775-857-9165	Friend
Bradley Bennett	775-427-1569	Friend

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

1. That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code – Alcoholic Beverage Sales;
2. 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
3. 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.

  
Applicant's Signature



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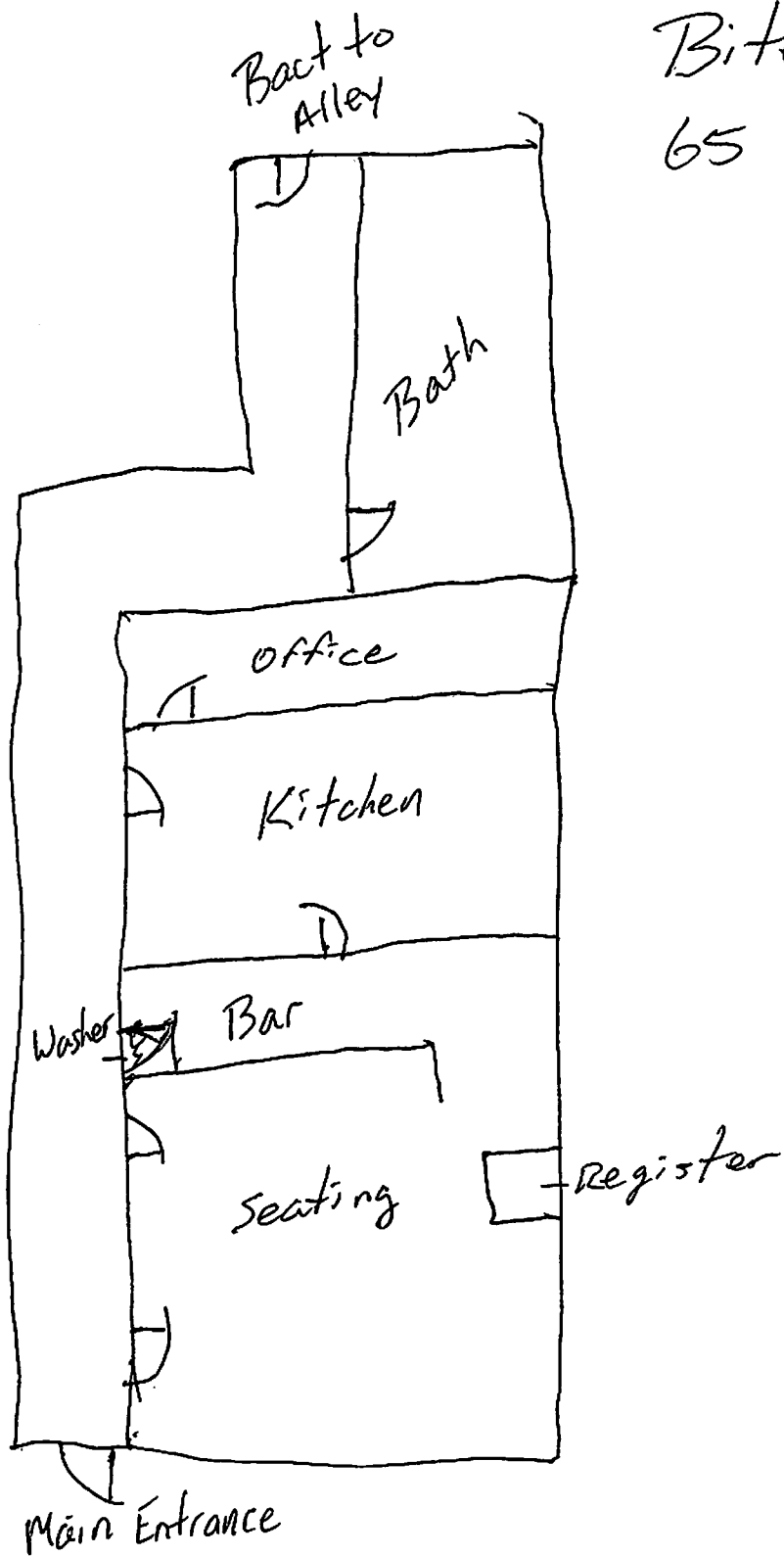
### AUTHORIZATION AND RELEASE

I, Colleen Tschumperlin, 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.

Colleen Tschumperlin  
Applicant's Signature

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

Bites & Bottles  
65 S Main St.



# FALLON POLICE DEPARTMENT

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

Daniel Babiarz  
Chief of Police

November 26, 2025

This letter certifies that Colleen J. Tschumperlin, Bites and Bottles, located at 65 South Maine Street, Fallon, NV 89406, has completed and passed her background check for a liquor license.

Additionally, I have met with the applicant regarding components of the Fallon Municipal Code concerning alcoholic beverage sales, as well as her responsibilities as the holder of the liquor license.

Furthermore, there is a supplemental form that specifically addresses the operation of the business, including identifying the on-site manager, and acknowledgments from the applicant indicating understanding that she may be held personally responsible for improper business practices.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DB', followed by a stylized flourish and the word '10/11/25'.

Daniel Babiarz  
Chief of Police

## **Liquor License Application Interview Supplement**

**APPLICANT:** Tschumperlin, Colleen

**DATE** 11/26/2025

**BUSINESS NAME:** Bites and Bottles, 65 South Maine Street, Fallon, NV 89406

~~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 CT

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

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 CT

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 CT

Witness: Daniel Babiarz, Chief of Police





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### Privilege License Supplemental Approval Form

Application Date: 11/25/2025

Applicant: Colleen Tschumplerlin

Business: Bites and Bottles, LLC

License Type: Liquor License (Retail & Drinking Establishment)

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	<u>DB</u>		
Chief of Staff	<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: _____			
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: