



# 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: Egger Cori N  
Last First MI

Application Date: 4/9/24

Title: owner Fallon Catering LLC

Phone: 775 217 7361

Email: falloncatering@gmail.com

Address: 3775 Schindler rd Fallon NV

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: Fallon Catering LLC

Business Owner(s):

| Name              | Address                  | Title        |
|-------------------|--------------------------|--------------|
| <u>Cori Egger</u> | <u>3775 Schindler rd</u> | <u>owner</u> |
|                   |                          |              |
|                   |                          |              |

Business Address (if applicable): \_\_\_\_\_  
City State Zip

Name of owner's authorized agent, if any: Hilliard Egger

Provide a description of the selling methods to be used and the nature of the products or services to be offered:  
Cash / Credit  
BBQ Meats and sides

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          |
|--------------------|-----------------------------|------------------------|---------------|-----------|--------------|
| <u>12/14/16/18</u> | <u>The Running Ironcade</u> | <u>715 S Taylor St</u> | <u>Fallon</u> | <u>NV</u> | <u>89406</u> |
|                    |                             |                        |               |           |              |



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

Yes  No

If Yes, when? 12/14 - Present

What Agency? State/County/City

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 |
|------|--------|------------------|-------------|
|      |        |                  |             |
|      |        |                  |             |
|      |        |                  |             |

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

| Year of Vehicle | Make         | Model           | Plate Number  |
|-----------------|--------------|-----------------|---------------|
| <u>2004</u>     | <u>Chevy</u> | <u>Suburban</u> | <u>613SS7</u> |
| <u>2019</u>     | <u>Ram</u>   | <u>2500</u>     | <u>4932YL</u> |
|                 |              |                 |               |

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

### Health Permit:

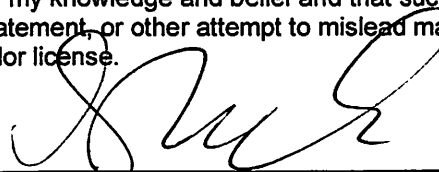
A copy of proof of Nevada State Division health permit must be submitted with this application.

### 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, Cori Nowalk Egger, 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: <u>Obtain all necessary health permits from Central Nevada Health District.</u> |                    |                                |                   |
|   |                    |                                |                   |
| Recommendation for application:   | <u>Approve</u>     | <u>Approve with Conditions</u> | <u>Disapprove</u> |

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

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)

NVBID

I'm not a robot reCAPTCHA  
Privacy - Terms

1 record found.

| TID        | Loc | Business Name | Location Address     | City   | State | Zip       |
|------------|-----|---------------|----------------------|--------|-------|-----------|
| 1018630899 | 000 | CORI NOWALK   | 2655 COUNTRY CLUB DR | FALLON | NV    | 894067473 |

Department of Taxation

- Home
- Tax Forms
- Online Services
- Commerce Tax
- Local Government
- Publications
- Boards/Meetings
- FAQ's
- Contact Us

Tax Evasion

Submit an Evasion Tip

Reseller Permit Search

- Search by Business Name
- Search by Permit Number (TID)
- Search by Address

TID (Taxpayer ID) Search

- Search by Business Name
- Search by NVBID
- Search by Business Address



*Central Nevada Health Department*  
FOOD SERVICE SANITATION PERMIT

*Issued To*

COUNTRY CLUB CAFE  
2655 COUNTRY CLUB DRIVE  
FALLON, NV 89406

Be it known this food service facility is licensed to operate in Churchill County, State of Nevada  
and is subject to the provisions of the Central Nevada Food Sanitation Ordinance.

Issuance Date 08/01/2023  
Expiration Date 07/31/2024  
Permit Number 01-00086



CENTRAL NEVADA  
HEALTH DISTRICT

*Daren Winkelman*

Public Health Administrator

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED



# FALLON POLICE DEPARTMENT

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

Ron Wenger  
Chief of Police

April 16, 2024

This letter certifies that Mrs. Cori Egger, of 3775 Schindler Rd Fallon, Nevada 89406, owner of "Fallon Catering LLC" has completed application and has passed the limited background check, including a local records check and CPClear Database check, for operating a mobile food vending truck/trailer within the City of Fallon.

Mrs. Egger plans on pulling her mobile bbq to locations within the city and to special events to prepare and sell food.

Additionally, I have met with Mrs. Egger and discussed Fallon Municipal Code 5.60 which specifically lists the laws regarding Mobile Food Vending platforms. I reviewed the ordinance with Mrs. Egger and she confirmed she understood her limitations and responsibilities as owner/operator of the business.

Sincerely,



Ronald D Wenger  
Chief of Police

