



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: Carreto-Zapata Valeria V Application Date: 03/30/2026
Last First MI

Title: General Manager Phone: (702) 908-9325

Date of Birth: [REDACTED] Driver's License Number: [REDACTED]
State: [REDACTED]

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

Begin/End	Physical Address	City	State	Zip
06/2025 - Present	406 Sherman Street	Fallon	NV	89406
01/2018-06/2025	5035 E Russell Road Apt 2023	Las Vegas	NV	89122

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

Business Name: Fajitas Gourmet

Business Owner(s):

Name	Address	Title
Ismael Avila-Diaz	406 Sherman St. Fallon, NV 89406	Owner
Javier Serrano-Gonzalez	406 Sherman St. Fallon, NV 89406	Owner

Business Address: 125 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)
Full service restaurant with table service of beer, wine, & mixed drinks.

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

Name of the owner of the premises: Julio Canjura & Martha Canjura

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

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
10/17-01/21	ResortCom	6850 Bermuda Road	Las Vegas	NV	89119

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: Shenffs card Las Vegas non-gaming #8916001 / Tam of NV 2022 #0E2022 0355891

Have you ever been arrested? Yes No BA Pending: Fallons Gourmet, Michas Tacos, & Ventano

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
Irma Varela	[REDACTED]	Friend
Adriana Diaz		Friend
Jose Luis Campo		Friend
Sandra Rentas		Friend
Ismael Avila-Diaz		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, Valencia Carreto-Zapata, 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:		
Account No.	License No.	Payment Received By:

Liquor License Application Interview Supplement

APPLICANT: Valeria Carreto-Zapata

DATE 04/03/2026

BUSINESS NAME: Fajitas Gourmet, 125 South Maine Street, Fallon, NV 89406

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 VC

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

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 VC

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 VC

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

April 03, 2026

This letter certifies that Valeria Carreto-Zapata, Fajitas Gourmet, located at 125 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 Babiarz', with a stylized flourish extending to the right.

Daniel Babiarz
Chief of Police



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Privilege License Supplemental Approval Form

Application Date: 3/30/26

Applicant: Valeria Carreto-Zapata

Business: Fajitas Gourmet

License Type: Liquor License

Application Type: New Owner Change Name Change Manager Change Location Change

OFFICIAL USE ONLY

City of Fallon	Approve	Approve with Conditions	Disapprove
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Chief of Police	<u>[Signature]</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:
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