



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: Chandler George L
Last First MI

Application Date: 4-6-2026

Title: Owner

Phone: 775-722-6655

Address: 1820 Chelcie St. Fallon, NV 89406

Email: jlchandler76@gmail.com

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: Shiso's Grill LLC

Business Owner(s):

Name	Address	Title
George Chandler	1820 Chelcie St. Fallon, NV 89406	Owner

Business Address (if applicable): 1820 Chelcie St. Fallon NV 89406
City State Zip

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

Provide a description of the selling methods to be used and the nature of the products or services to be offered:
Mobile Food trailer preparing and serving hot, made-to-order Japanese street food including yakitori, yakisoba, rice dishes to the public at permitted locations.

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



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874

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

Yes

No

If Yes, when? _____

What Agency? _____

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
2017	Ford	expedition	93K332
2025	UFT	Trailer	38176D

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

Fax: (775) 423-8874

AUTHORIZATION AND RELEASE

I, George Chandler, 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:



STATE OF NEVADA SALES TAX PERMIT
Department of Taxation

Account ID: **SUT-0000-3635-5933**
Location ID: **000-036-355-933-001**
Issued: **January 14, 2026**

SHIJO'S GRILL LLC

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:
SHIJO'S GRILL LLC
1820 CHELCIE ST
FALLON NV 89406-8264

MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION



CENTRAL NEVADA
HEALTH DISTRICT
161. 2022

CENTRAL NEVADA HEALTH DISTRICT
OFFICIAL INSPECTION REPORT
775-867-8181

<https://www.centralnevadahd.org/environmental-health-services/>
HealthPermit@CentralNevadaHD.org

Establishment Name: <u>SHIJO'S GRILL</u>		Inspection Date: <u>4/2/2026</u>	Establishment Status
Owner/Permittee: <u>GEORGE CHANDLER</u>		Re-inspection Date:	Results
Address:	City/State/Zip:	Phone #:	
Email Address:			
EHS:	Time In:	Time Out:	
EH Office Number: (775) 867-8181	Program Identifier:		
	Service:		
	Result:		
	Action:		

OPENING INSPECTION FOR SHIJO'S GRILL:

OKAY BY HEALTH TO OPERATE

- PROVIDE FOOD PROTECTION MANAGER CERTIFICATION
- ENSURE TO OBTAIN ALL NEEDED PERMITS
- PROVIDE QUATERNARY AMMONIA TEST STRIPS
- PRINT PERMIT & POST PRIOR TO OPERATION

w/60
DAYS

PIC/Owner Print Name: George Chandler

CNHD Print Name: Maria Mensuar

PIC/Owner Signature: [Signature]

CNHD Signature: [Signature]

Date: 4/2/2026

CHURCHILL
485 W B St
Fallon, NV 89406
Phone: 775-867-8181

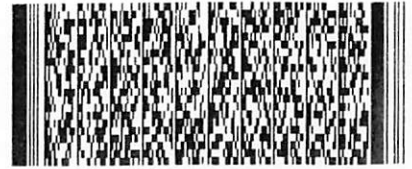
EUREKA
250 South Main St
Eureka, NV 89316
Phone: 775-245-0305

MINERAL
331 1st St
Hawthorne, NV
89415 Phone:
775-254-0305

PERSHING
535 Western Ave
Lovelock, NV 89419
Phone: 775-273-6285



2027 EXPIRES 1-6-2027



LICENSE NUMBER 93K332	YEAR 2017	MAKE FORD	TYPE T4W	CYL 6	MSRP 49150	FUEL G	AXLE 2	DECL. WEIGHT 2	UNLDN. WEIGHT 5789	
VEHICLE IDENTIFICATION NUMBER 1FMJU1JT8HEA51098		MODEL NAME/LENGTH TRION XLT/KING RANCH							COUNTY BASED CHURCHILL	

CHANDLER, GEORGE LEE
1820 CHELCIE ST
FALLON NV 89406-8264

Plate Cost Recovery Fee	7.50
Transfer Fee	6.00
Prison Industry Fee	1.00
Registration Fee Passenger Vehicles	-3.52
Registration Fee Passenger Vehicles	33.00
BASIC GOV SERVICES TAX - CHURCHILL	-7.00
BASIC GOV SERVICES TAX - CHURCHILL	103.00
SUPPLEMENTAL GOV SERVICES TAX - CHU	-2.00
SUPPLEMENTAL GOV SERVICES TAX - CHU	26.00

TOTAL FEE: 163.98

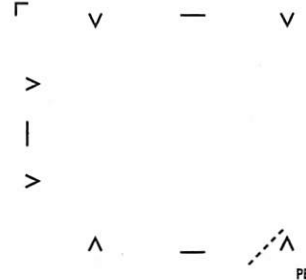
35

CHANDLER, GEORGE LEE
1820 CHELCIE ST
FALLON NV 89406-8264



35

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 VEHICLE
Form NVREG04 Batch 50361 Seq 35



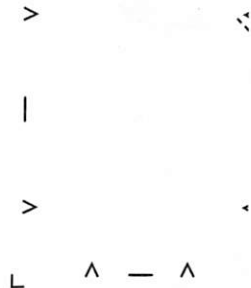
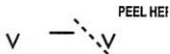
Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0625
(775) 684-4368

2027 EXPIRES 1/22/2027

LICENSE NUMBER 38176D	YEAR 2025	MAKE UNPU	TYPE UT	CYL 00	MSRP 25000.00	FUEL 0	AXLE 2	DECLARED WEIGHT 0	UNLADEN WEIGHT 3200	
VEHICLE IDENTIFICATION NUMBER 1U91E1623SA212308		MODEL NAME/LENGTH TRAILER-16							COUNTY BASED CHURCHILL	
ISSUE DATE 1/22/2026	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE N	DECAL NUMBER 38176D	PLATE BACKGROUND HOME MEANS NEVADA					

CHANDLER, GEORGE LEE (REGD)

CHANDLER, GEORGE LEE
1820 CHELCIE ST
FALLON NV 89406-8264



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 195645882 - 3036 - 9854

FALLON POLICE DEPARTMENT

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


Daniel Babiarz
Chief of Police

April 13, 2026

This letter certifies that Mr. George Chandler, of 1820 Chelcie St, Fallon, NV 89406, owner of "Shijo's Grill LLC" 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.

Mr. Chandler has indicated on his application that he has reviewed chapter 5.60 of the Fallon Municipal Code which specifically lists the laws regarding Mobile Food Vending platforms.

Sincerely,


John C. Riley
Support Services Captain



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874

Privilege License Supplemental Approval Form

Application Date: 4/6/26

Applicant: George Chandler

Business: Shijo's Grill LLC

License Type: Mobile Food Vendor

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

[Signature]

Chief of Staff

[Signature]

Engineering/Building Department

[Signature]

Attorney's Office

[Signature]

City Clerk's Office

[Signature]

Fallon/Churchill Fire Dept

[Signature]

Conditions required for approval: _____

Committee recommendation for application:

Approved

Approved with Conditions

Disapproved

OFFICIAL USE ONLY:

Account No.

License No.

Payment Received By: