



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: Colburn David H
Last First MI

Application Date: 04/01/2026

Title: Owner

Phone: 775-354-7490

Address: 5026 Sandalwood Dr., Fallon, NV 89406

Email: info@battlebornicecream.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: DNC Enterprises LLC DBA: Battle Born Ice Cream

Business Owner(s):

Name	Address	Title
David Colburn	5026 Sandalwood Dr, Fallon NV	Owner
Colleen colburn	5026 Sandalwood Dr, Fallon NV	Owner

Business Address (if applicable): 510 S. Maine 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:
The Truck will be driving through neighborhoods in the traditional ice cream Truck method, selling prepackaged ice cream treats

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
2010/Present	CC Massage Therapy	510 S. Maine St	Fallon	NV	89406
2019/2021	Battle Born Ice Cream	510 S. Maine St	Fallon	NV	89406
2015/Present	Battle Born Santa	5026 Sandalwood Dr	Fallon	NV	89406



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

Yes No

If Yes, when? 2019/2021

What Agency? Nevada Health dept

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
1988	Ford	E350	FROZEN

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



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AUTHORIZATION AND RELEASE

I, David Colburn, 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:



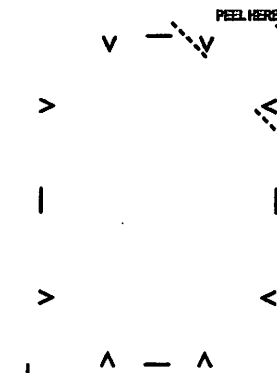
Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0625
(775) 684-4368

2027 EXPIRES
3/11/2027

LICENSE NUMBER FROZEN	YEAR 1988	MAKE WAYN	TYPE TBU	CYL 08	MSRP 8650.00	FUEL G	AXLE 2	DECLARED WEIGHT 8890	UNLADEN WEIGHT 9220
VEHICLE IDENTIFICATION NUMBER 1FDKE30G7JHA47209			MODEL NAME/LENGTH E350			COUNTRY BASED CHURCHILL			
ISSUE DATE 3/11/2026	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE N	DECAL NUMBER FROZEN		PLATE BACKGROUND HOME MEANS NEVADA			

COLBURN, DAVID HANSON (REGD)
COLBURN, COLLEEN RILEY (REGD)

COLBURN, DAVID HANSON
5026 SANDALWOOD DR
FALLON NV 89406-8230



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 197127027 - 3036 - 12044



STATE OF NEVADA SALES TAX PERMIT
Department of Taxation

Account ID: **SUT-0000-3649-1722**
Location ID: **000-036-491-722-001**
Issued: **December 09, 2025**

DAVID COLBURN

**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:
BATTLE BORN ICE CREAM
510 S MAINE ST
FALLON NV 89406-3343**

MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION

(Detach Here)

Attached is your Nevada Sales Tax Permit.

Please use your Account ID for all correspondence or telephone calls to the Department.

Based on the estimated monthly taxable receipts you provided, your filing frequency will be Quarterly.

As stated on the application, your business start date is December 01, 2025, making your first remittance due on or before February 02, 2026.

The Department of Taxation is providing businesses with the ability to view and manage their accounts via the internet through its interactive website, My Nevada Tax, located at MyNVTax.nv.gov/TAP. Businesses can file tax returns, make payments, and view financials associated with their Sales and Use Tax.

A business must first register and receive a username and password before My Nevada Tax will allow access to view and manage accounts. If you are already registered to use My Nevada Tax, this tax type will be added to your existing account.

The Nevada Sales Tax Permit has been issued pursuant to an application duly filed and payment of prescribed fees. 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.

DISTRICT OFFICE LOCATION

CARSON CITY OFFICE
3850 Arrowhead Dr., Carson City,
Nevada 89706
(775) 684-2000

RENO OFFICE
9850 Double R Blvd, Suite 101
Reno, NV 89521
(775) 687-9999

LAS VEGAS OFFICE
700 E. Warm Springs Rd, Suite 200
Las Vegas, Nevada 89119
(702) 486-2300

In the event of an address change, please notify the Department of Taxation immediately in order to direct any correspondence to your new address.

Central Nevada Health District

Food Establishment Health Permit
Mobile Food Unit - MFU

Issued To

BATTLE BORN ICE CREAM DNC ENTERPRISES LLC
5026 SANDALWOOD DR
FALLON, NV 89406

Be it known this Mobile Food Unit - MFU facility is licensed to operate in Churchill County, State of Nevada and is subject to the provisions of the Central Nevada Health District Sanitation Ordinance.

Issuance Date 04/01/2026
Expiration Date 03/31/2027
Permit Number 26-121



Shannon Ernst

Public Health Administrator

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED

Mobile Food Vendor License Application Interview
Supplement

APPLICANT: Colburn, David

DATE: 4/14/20

BUSINESS NAME: Battle Born Ice Cream

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 DR

I acknowledge that, as the license holder, I am personally responsible for all items sold through the mobile store. Initials DR

I further acknowledge that as the license holder, I am responsible for the business and may be held personally responsible for any violations of law or ordinance. Initials DR

I have received, read, and understand the Mobile Food Vendor and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials DR

Witness: John Riley, Police Captain

NO SECONDARY DISSEMINATION

FALLON POLICE DEPARTMENT

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

Daniel Babiarz
Chief of Police

April 14, 2026

This letter certifies that Mr. David Colburn and Mrs. Colleen Colburn, of 5026 Sandalwood Dr., Fallon, NV 89406, owner of "Battle Born Ice Cream" have completed application and has passed the limited background checks, including a local records check, CPClear and DMV Database checks, for operating a mobile food vending truck/trailer within the City of Fallon.

Mr. and Mrs. Colburn have indicated on their application that they have reviewed chapter 5.60 of the Fallon Municipal Code which specifically lists the laws regarding Mobile Food Vending platforms.

Sincerely,

A handwritten signature in blue ink that reads "John C. Riley 2026". The signature is written in a cursive style and is positioned above the printed name.

John C. Riley
Support Services Captain



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Privilege License Supplemental Approval Form

Application Date: 4/9/26

Applicant: David Colburn

Business: DNC Enterprises LLC dba: Battle Born Ice Cream

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			
Chief of Staff			
Engineering/Building Department			
Attorney's Office			
City Clerk's Office			
Fallon/Churchill Fire Dept			
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: