



# 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: Giovanetti Magen J  
Last First MI

Application Date: 11/20/2024

Title: Retro Brew Coffee

Phone: 775-217-6698

Email: fallonretrobrewcoffee@yahc

Address: 1775 Heidi RD Fallon NV 89406

Date of Birth: [REDACTED]

Driver's License Number: [REDACTED]  
nV

Driver's License State: \_\_\_\_\_

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

Business Name: Retro Brew Coffee

### Business Owner(s):

Name	Address	Title
Magen Giovanetti	1775 Heidi RD	owner

Business Address (if applicable): 1775 Heidi Rd 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:  
Cash and credit  
coffee,espresso,latte,red bull soda,italian soda,hot cocoa,tea,Chai

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



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

Yes

No

If Yes, when? 2021-2024 thru Churchill county also thru the

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
1997	Ford	F250	070X44
1996	wells cargo	cargo	72853Y

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.

*Magen Giwaroff*  
 \_\_\_\_\_  
 Applicant's Signature



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## AUTHORIZATION AND RELEASE

I, Magen Giovanetti, 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.

Magen Giovanetti  
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: \_\_\_\_\_

Recommendation for application: Approve    Approve with Conditions    Disapprove

### OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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2025 EXPIRES 3-31-2025



LICENSE NUMBER <b>72853Y</b>	YEAR <b>1998</b>	MAKE <b>WELL</b>	TYPE <b>4W</b>	CYL <b>00</b>	MSRP <b>14503</b>	FUEL <b>0</b>	AXLE <b>2</b>	DECL. WEIGHT	UNLDN. WEIGHT <b>5000</b>
VEHICLE IDENTIFICATION NUMBER <b>1WC200G26W4034037</b>		MODEL NAME/LENGTH <b>CARGO</b>						COUNTY BASED <b>CHURCHILL</b>	

GIOVANETTI, RONALD LEONARD  
 GIOVANETTI, PAULA LEE  
 5885 HOOPER PL  
 FALLON NV 89406-8347

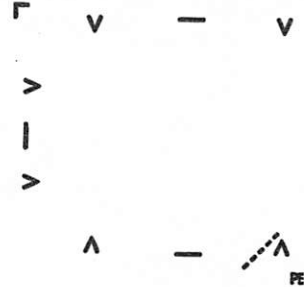
Late Registration Fee 6.00  
 GOVERNMENTAL SERVICES TAX PENALTY 6.00  
 Registration Fee Trailers Over 1000 24.00  
 BASIC GOV SERVICES TAX - CHURCHILL 47.00  
 SUPPLEMENTAL GOV SERVICES TAX - CHU 12.00

389

TOTAL FEE: 95.00


GIOVANETTI, RONALD LEONARD  
 5885 HOOPER PL  
 FALLON NV 89406-8347

Instructions for applying the decal to the license plate are on the reverse of this form



PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING VEHICLE  
 Form NVREG04 Batch 43461 Seq 389

**IMPORTANT - IDENTIFICATION CARDS  
STATE FARM**


**StateFarm**  
  
**NEVADA EVIDENCE OF INSURANCE CARD**

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State Farm Mutual Automobile Insurance Company  
 State Farm at Marina Heights  
 400 E Rio Salado Parkway, Tempe, AZ 85281

INSURED WARNER, BARRY D MUTL  
 1775 HEIDI RD VOL  
 FALLON NV 89406-3378

POLICY NUMBER 162 2188-D12-28A EFFECTIVE  
 YR 1997 MAKE FORD APR 12 2024 TO OCT 12 2024  
 MODEL F250 HD VIN 1FTHX25G6VEC85605  
 AGENT BRAD STOKES INSURANCE AGY INC 32F0-B65  
 PHONE (775)423-3200  
 COVERAGES A C H U

**StateFarm**  
  
 THIS EVIDENCE OF INSURANCE MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.

---

**This evidence of insurance has been approved by the Nevada Commissioner of Insurance**

Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim.

For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-627-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.


Coverage meets the requirements set forth in NRS 485.185.

KEEP A CARD IN YOUR CAR. THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

**KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.**  
 PRESENT THIS CARD TO THE DEPARTMENT OF MOTOR VEHICLES WITH APPLICATION FOR REGISTRATION.

Emergency Road Service information is located on your insurance card.

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 PHONE (775)423-3200  
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 PRESENT THIS CARD TO THE DEPARTMENT OF MOTOR VEHICLES WITH APPLICATION FOR REGISTRATION.

A toll free number is available for Emergency Road Service and is located on your insurance card.

Emergency Road Service information is located on your insurance card.



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

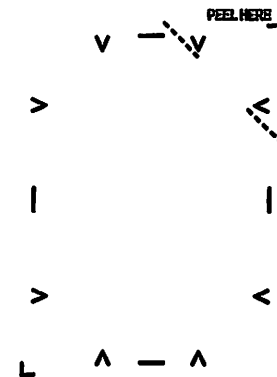
**2025** EXPIRES  
 2/7/2025

LICENSE NUMBER <b>070X44</b>	YEAR <b>1997</b>	MAKE <b>FORD</b>	TYPE <b>TPC</b>	CYL <b>08</b>	MSRP <b>19720.00</b>	FUEL <b>G</b>	AXLE <b>2</b>	DECLARED WEIGHT <b>8499</b>	UNLADEN WEIGHT <b>5257</b>
VEHICLE IDENTIFICATION NUMBER <b>1FTHX25G6VEC85605</b>			MODEL NAME/LENGTH <b>F250</b>			COUNTY BASED <b>CHURCHILL</b>			
ISSUE DATE <b>2/7/2024</b>	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE <b>N</b>	DECAL NUMBER <b>070X44</b>		PLATE BACKGROUND <b>HOME MEANS NEVADA</b>			

WARNER, BARRY DOUGLAS (REGD)

WARNER, BARRY DOUGLAS  
 1775 HEIDI RD  
 FALLON NV 89406-3378

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE  
 Form NVREG04 174782486 - 3036 - 9854



Instructions for applying the decal to the rear license plate are on the reverse of this form.



**STATE OF NEVADA CONSUMER USE TAX PERMIT**  
**DEPARTMENT OF TAXATION**

Taxpayer ID: 1045463132-001  
Correspondence ID: 2400017079191  
Date: 10/15/2024

MAGEN JOANN GIOVANETTI  
RETRO BREW COFFEE  
1775 HEIDI ROAD  
FALLON NV 89406

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 registered as a Consumer and not authorized to make  
purchases for resale.

**Permit Location:**  
RETRO BREW COFFEE  
1775 HEIDI ROAD  
FALLON NV 89406

Check # 547

Central Nevada Health District  
485 West B Street, Suite 101  
Fallon, NV 89406  
775-867-8181

Fallon on Ice

Fallon RetroBrew

RECEIVED FROM Magen Grouveneth

\$ 50.00

DOLLARS

PURPOSE OF PAYMENT  RENT  GOODS  DEPOSIT  Temp Event Permit

AMOUNT DUE	<u>50.00</u>
THIS PAYMENT	<u>50.00</u>
BALANCE DUE	<u>0.00</u>

PAYMENT METHOD	
<input type="checkbox"/> CREDIT CARD	<input checked="" type="checkbox"/> CHECK
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASH

DATE 11-22-24

RECEIVED BY Olivia Diaz

No. **CNHD 221**

✓



**Mobile Food Vender License Application Interview Supplement**

**APPLICANT** Magen Giovanetti

**DATE** 12/02/2024

**BUSINESS NAME** – Retro Brew

I (will/will not) be the on-site supervisor.

If not, the on-site supervisor will be Brylee Parsley

I understand that if the on-site supervisor changes, I am responsible to notify the City Clerk's Office. Initials MH

I acknowledge that as the license holder, I am personally responsible for what is sold from the mobile store. Initials MH

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 MH

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

  
Witness: Ronald D Wenger, Chief of Police

# FALLON POLICE DEPARTMENT

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

Ron Wenger  
Chief of Police

December 3, 2024

This letter certifies that Ms. Magen Giovanetti, of 1775 Heidi Road, Fallon Nevada 89406, owner of "Retro Brew" Mobile Food Trailer 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.

I have interviewed Ms. Giovanetti about the laws regarding Mobile Food Venders and have provided her with a copy of the Fallon Municipal Code pertaining to these laws. Ms. Giovanetti has indicated on her application that she has reviewed chapter 5.60 of the Fallon Municipal Code which specifically lists the laws regarding Mobile Food Vending platforms.

Sincerely,

  
\_\_\_\_\_  
Ronald D Wenger  
Chief of Police

