



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

Applicant Name: Lachine Lynn Gayle
Last First MI

Application Date: 4-18-2023

Title: Owner

Phone: 775 426 8440

Email: ThePonyEspressoNV@gmail.com

Address: 700 Marker Ln
Loveck NV 89419

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: The Pony Espresso

Business Owner(s):

Name	Address	Title
<u>Lynn Lachine</u>	<u>700 Marker Ln Loveck NV 89419</u>	<u>Owner</u>

Business Address (if applicable): SAME 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 coffee coffee tea trailer sodas
Cinn Rolls Pastries

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>2017-Pres</u>	<u>The Bed & Breakfast</u>	<u>2154 Remondway</u>	<u>Fallon</u>	<u>NV</u>	<u>89406</u>
	<u>Various Salons</u>				
<u>2020-22</u>	<u>The Pony Espresso</u>		<u>Eureka</u>	<u>NV</u>	



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

If Yes, when? Salon 5/15

Have you ever had a business or mobile food vendor license revoked?

If Yes, when? _____

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

If Yes, when? _____

Have you ever been arrested? Yes No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

Yes No
 What Agency? City/County / Pershing
 Yes No
 What Agency? _____
 Yes No
 What Agency? _____

Vehicle Information (to be used for mobile vending):

Year of Vehicle	Make	Model	Plate Number
<u>2015</u>	<u>Gmc</u>	<u>Sierra</u>	<u>Hair 01K</u>

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

Health Permit:

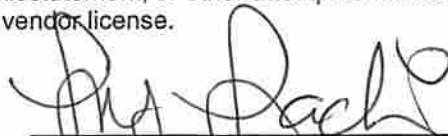
A copy of proof of Nevada State Division health permit must be submitted with this application.

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, Lynn Lachine, 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.

Lynn Lachine
Applicant's Signature

Official Use Only

<u><i>Ronald D. Wing</i></u>	<u>5/11/23</u>	_____	_____
Recommended by Chief of Police or Designee	Date	<u>Not</u> recommended by Chief of Police or Designee	Date
City of Fallon Engineering/Building Department	_____	Date	_____
City of Fallon Attorney's Office	<u><i>J.B. Enger</i></u>	Date	<u>6-13-23</u>
City of Fallon/Churchill County Fire Dept.	<u><i>MU</i></u>	Date	<u>6-1-23</u>

Account No. _____

License No. _____

Payment Receipt No. _____

FALLON POLICE DEPARTMENT


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

Ronald D. Wenger
Chief of Police

April 14, 2023

This letter certifies that Ms. Lynn Lachine, owner of The Pony Espresso, of 700 Marker Ln Lovelock, NV 89419, has passed a basic background check which consists of a local records and CPClear records inquiry.

Sincerely,



Ronald D Wenger
Chief of Police