



# 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: FAIRBANKS Kimberly J  
Last First MI

Application Date: April 22, 2023

Title: owner

Phone: 775-772-1542

Email: Kim's Kool Treats @ gmail.com

Address: 2725 E 9th St  
SS no 89429

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: Kim's Kool Treats

### Business Owner(s):

Name	Address	Title
<u>Kim Young - Fairbank</u>	<u>2725 E 9th St</u>	<u>SS no 89429 Owner</u>
<u>Joel Young</u>	<u>2725 E 9th St</u>	<u>SS no 89429 Owner</u>

Business Address (if applicable): \_\_\_\_\_  
City State Zip

Name of owner's authorized agent, if any: Kim Young - Fairbank

Provide a description of the selling methods to be used and the nature of the products or services to be offered:  
Salt Serum Ice Cream Taylor Machine, Slushie Taylor Machine, Salt Serum Ice Cream, Slushies, milkshakes, Banana Splits, Soda, Water, chips, Candy, Fruit, Freezes, and Sundaes

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? Lyon Co, Carson County

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	F350	1002 X4H
2017 (TRAILER)	A SBL	Refrig	92352 W

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, Kimberly Youngs-Fairbanks, 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

Recommended by Chief of Police or Designee

5/1/23

Date

Not recommended by Chief of Police or Designee

Date

City of Fallon Engineering/Building Department

Date

City of Fallon Attorney's Office

Date

City of Fallon/Churchill County Fire Dept.

Date

5-9-2023  
6-13-23

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. Kimberly Fairbanks, owner of Kim's Kool Treats, of 2725 E 9<sup>th</sup> Street, Silver Springs, NV 89429, has passed a basic background check which consists of a local records and CPClear records inquiry.

Sincerely,

  
Ronald D Wenger  
Chief of Police