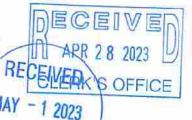


#### CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104 Fax: (775) 423-8874



## MOBILE FOOD VENDOR LICENSE APPLICATION

Application <sup>1</sup>	Type: New	Renewal		POLIC	ON CE	/
Applicant Na	ame: FAIRBAV	IKS Kimbelly	S MI	Application Date	: AA	pd 22, 2023
Title: 0	wher		. !	Phone:	-77	2-1542
Date of Birth:						1 Trusts 0 3 9 man. 89429 co
Business Enti	ty Type: Sole Proprietor Corporation	Partnership Association		iability Company		DBA
Business Owi		14 001	2			*
Name		Address		Title quas		
Kim Co	young Fambank	2725 8 9	45 57 56	no 89425	Oi	vnek.
	ress (if applicable):er's authorized agent, if any	. * * `	10200	city st	tate	Zip
Banana Have you owr	Splits, Soon and other business(es) you have man	weter, ch	machi es, can	we, Slus ushies, r dy, 7luat	Dille	zip



#### CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406 Phone: (775) 423-5104 Fax: (775) 423-8874

		· unit	07 120 001 1			
If Yes, when Have you ev If Yes, when Have you ev If Yes, when Have you ev	er had a business o	siness or mobile food vendor licens r mobile food vendor licens siness or mobile food vendor licens Lyes N mation:	what Agency se revoked?  What Agency What Agency dor license?  What Agency What Agency	/? No		
Date	Charge	Charge			Disposition	
		Vehicle Information (to b	pe used for mobile vending	a):		
Year of Vehicle Make			Model		Plate Number	
2017 Fore		Foro	F350	1002	1002 XLH	
2011 (TRAVER) ASBL		ASBL	Refrig 92		aw	
A copy of a v	alid, unexpired Neva		applicable, must be submitte h Permit:	ed with this applicati	on.	
A copy of pro	of of Nevada State	Division health permit mus	t be submitted with this app	lication.		
			epartment of Taxation:			
Proof of filing	with the State of Ne	evada Department of Taxa	tion must be submitted with	this application.		
declare und	er 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.
- 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
- 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**

check and to release the results of said investige to the City Council in public documents and/or of	gation, which ma			
	Official Us	e Only		
Recommended by Chief of Police or Designee	23	Not recommended by Chief of or Designee	Police	Date
City of Fallon Engineering/Building Department City of Fallon Attorney's Office City of Fallon/Churchill County Fire Dept.	At 3 Mex		Date Date Date	5-9-2023 6-13-23
Account No. Licens	e No.	Payment Rec	eipt No.	

Mobile Vendor License Application

# 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