



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874



LIQUOR LICENSE APPLICATION

Application Type: ☒ New ☐ Owner Change ☐ Manager Change ☐ Location Change

Applicant Name: Fisk Hannan R Application Date: 3/26/2025
Last First MI

Title: owner Phone: (775) 957-8592

Date of Birth: [REDACTED] Driver's License Number: [REDACTED]
State: [REDACTED]

List all addresses in which you have resided at for the past five (5) years.

Begin/End	Physical Address	City	State	Zip
2020 - Present	542 1stn Street	Sparks	NV	89431

Business Entity Type: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ DBA
☐ Corporation ☐ Association ☐ Other: _____

Business Name: Fisk Peak LLC dba Peachy Queens Traveling Tavern

Business Owner(s):

Name	Address	Title
Hannan Fisk	542 1stn St, Sparks NV 89431	owner
Jessica Peak	314 N Street, Sparks, NV 89431	owner

Business Address: 9100 Anchor Rd., Ste D, Fallon NV 89406
City State Zip

Provide a brief description of the portion to be occupied by the establishment for which the license is sought:

9100 Anchor Rd, Ste D. will be our Fallon Depot Kitchen, but a service location (Special Events Service trailer/mobile bar)

Is the premises to be licensed leased by the applicant? ☒ Yes ☐ No

Name of the owner of the premises: _____

Name of the owner's authorized agent, if any: _____

What type of license for which the application is made: ☐ Retail (Off Premises) ☒ Drinking Establishment (On Premises)

Have you owned or managed any other business? ☐ Yes ☐ No

Traveling trailer/
tavern for events



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If Yes, list the business(es) you have owned or managed.

Begin/End	Name	Address	City	State	Zip
	Fisk Peak LLC				

Have you ever been issued a business or a liquor license?

☒ Yes

☐ No

If Yes, when? current

What Agency?

City of Reno Business & Liquor License

Have you ever had a business or liquor license revoked?

☐ Yes

☒ No

If Yes, when?

What Agency?

Have you ever been denied a business or liquor license?

☐ Yes

☒ No

If Yes, when?

What Agency?

Have you received any specialized training for serving alcoholic beverages?

☒ Yes

☐ No

If Yes, explain: Alcohol Awareness State of Nevada

Have you ever been arrested? ☐ Yes ☐ No

If Yes, provide the following information:

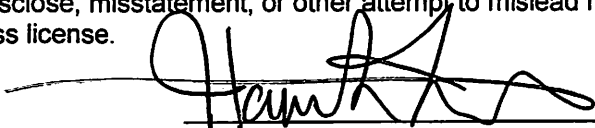
Date	Charge	Arresting Agency	Disposition

List five (5) references **not related** to you with daytime phone numbers:

Name	Phone	Relationship
Karen Nichols		
Karen Nichols	(775) 250-1215	friend/business
Jamie Sammons	(775) 342-9463	friend
Shannon Garcia-Mandic	(775) 420-8155	family friend
Haley Mosley	(775) 540-5653	employer
Russell Block	(775) 720-8426	manager

I declare under penalty of perjury that the foregoing is true and correct:

1. That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code – Alcoholic Beverage Sales;
2. That upon approval of a Liquor 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 the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a business license.


Applicant's Signature



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AUTHORIZATION AND RELEASE

I, Hannah Fisk, 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

City of Fallon

Approve

Approve with Conditions

Disapprove

Chief of Police

Engineering/Building Department

Attorney's Office

City Clerk's Office

Fallon/Churchill Fire Dept

Conditions required for approval:

For special events and private parties

Recommendation for application:

Approve

Approve with Conditions

Disapprove

OFFICIAL USE ONLY:

Account No.

License No.

Payment Received By:

Liquor License Application Interview Supplement

APPLICANT Hannah Fisk DATE 04/7/2025

BUSINESS NAME – Fisk Peak LLC. Db: Peachy Queens Traveling Tavern

542 6th Street

Sparks, Nv 89431

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

If not, the on-site supervisor will be Jessica Peak or Taylor Hicks

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

I acknowledge that as the license holder, I am personally responsible for what is sold at the store. Initials HF

I further acknowledge that as the license holder, I am responsible for alcohol sales from the business and may be held personally responsible for alcohol sales that violate any law or ordinance. Initials HF

I have received, read and understand the Liquor and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials HF


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

April 7, 2025

On April 1, 2025 the Fallon Police Department received an application for City Liquor License from Ms. Hannah Fisk owner of Fisk Peak LLC DBA Peachy Queens Traveling Tavern based at 542 6th Street Sparks, Nv 89431. Ms. Fisk requests an on-premise city liquor license to work special events occurring within the City Limits of Fallon.

I have conducted a limited background check on Ms. Fisk which consisted of a local records check and CPClear database check. I have found no information of concern to prohibit Ms. Fisk from holding a City of Fallon Liquor License.



Ronald D Wenger
Chief of Police