



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: Somal Brisa T
Last First MI

Application Date: _____

Title: Owner

Phone: 775-225-3535

Address: 830 E. Stillwater #17 Fallon, NV 89406

Email: NevadaWestGroup25@gmail.com

Date of Birth: [REDACTED]

Driver's License Number: [REDACTED]

Driver's License State: [REDACTED]

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

Business Name: Nevada West Group LLC DBA Tacos & Burgers CO

Business Owner(s):

Name	Address	Title
Brisa Taily Somal-Garcia	830 E. Stillwater AVE #17 Fallon	Owner
Randy Hermilo Jarado	1111 Casa Grande pl Fallon, NV	Owner

Business Address (if applicable): _____ 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:

Food Trailer, selling Burgers, Tacos, Noodles

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
10/2025	Boozy Lion Bar & Grill	30 E. Center St	Fallon	NV	89406



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

Yes No

If Yes, when? _____

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
2014	Ford	F450	GETPAID

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.

Basma Jomal

Applicant's Signature



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AUTHORIZATION AND RELEASE

I, Brisa Domal Garcia, 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.

Brisa Domal
Applicant's Signature

OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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DMV.NV.GOV

Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0625

2027 EXPIRES
2/6/2027

LICENSE NUMBER 05058D	YEAR 2019	MAKE TLR	TYPE 4W	CYL	MSRP 18500	FUEL	AXLE 2	DECL. WEIGHT 0	UNION. WEIGHT 5200
VEHICLE IDENTIFICATION NUMBER 3C9R2E16XM003128		MODEL NAME/LENGTH CARGO FOOD TRUCK-			COUNTY BASED CH		TOTAL FEE: 9.00		

SOMAL GARCIA, BRISA TAILY
830 E STILLWATER AVE SPC 17
FALLON NV 89406-4080

SOMAL GARCIA, BRISA TAILY
830 E STILLWATER AVE SPC 17
FALLON NV 89406-4080

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE
Form NVREG04



PEEL HERE

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



Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0625

2026 EXPIRES
11/4/2026

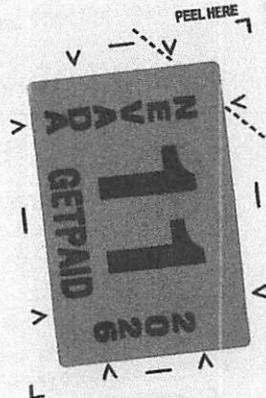
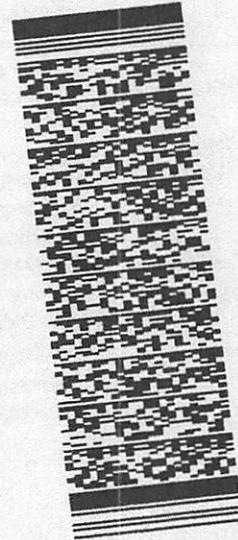
LICENSE NUMBER	YEAR	MAKE	TYPE	CYL	MSRP	FUEL	AXLE	DECL. WEIGHT	UNLN. WEIGHT
GETPAID	2014	FORD	TCW	8	67210	D	2	10000	
VEHICLE IDENTIFICATION NUMBER			MODEL NAME/LENGTH						
1FT8W4DT5EEB79028			F450 SUPER DUTY						
								COUNTY BASED	
								CH	
									TOTAL FEE: \$772.99

JURADO GARCIA, RANDY HERMILO

830 E STILLWATER AVE SPC 17
FALLON NV 89406-4080

JURADO GARCIA, RANDY HERMILO
830 E STILLWATER AVE SPC 17
FALLON NV 89406-4080

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE
Form NVREG04



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

Central Nevada Health District

Food Establishment Health Permit
Mobile Food Unit - MFU

Issued To

TACOS & BURGERS CO.
30 E CENTER ST
FALLON, NV 89406

Be it known this Mobile Food Unit - MFU facility is licensed to operate in Churchill County, State of Nevada and is subject to the provisions of the Central Nevada Health District Sanitation Ordinance.

Issuance Date 02/05/2026
Expiration Date 02/04/2027
Permit Number 26-055



CENTRAL NEVADA
HEALTH DISTRICT

Shannon Ernst

Public Health Administrator

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED



STATE OF NEVADA SALES TAX PERMIT
Department of Taxation

Account ID: **SUT-0000-3624-9936**
Location ID: **000-036-249-936-001**
Issued: **October 02, 2025**

NEVADA WEST GROUP LLC

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 authorized to collect Nevada sales tax at the following location
if different from above.*

Permit Location:
TACOS & BURGERS CO
30 E CENTER ST
FALLON NV 89406-3439

MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION

(Detach Here)

Attached is your Nevada Sales Tax Permit.

Please use your Account ID for all correspondence or telephone calls to the Department.

Based on the estimated monthly taxable receipts you provided, your filing frequency will be Monthly.

As stated on the application, your business start date is January 01, 2026, making your first remittance due on or before March 02, 2026.

The Department of Taxation is providing businesses with the ability to view and manage their accounts via the internet through its interactive website, My Nevada Tax, located at MyNVTax.nv.gov/TAP. Businesses can file tax returns, make payments, and view financials associated with their Sales and Use Tax.

A business must first register and receive a username and password before My Nevada Tax will allow access to view and manage accounts. If you are already registered to use My Nevada Tax, this tax type will be added to your existing account.

The Nevada Sales Tax Permit has been issued pursuant to an application duly filed and payment of prescribed fees. This Sales Tax Permit is subject to the provisions of Nevada Revised Statute 360. This Sales Tax Permit shall be considered valid unless canceled, suspended, or revoked for good cause in accordance with Title 32.

DISTRICT OFFICE LOCATION

CARSON CITY OFFICE
3850 Arrowhead Dr., Carson City,
Nevada 89706
(775) 684-2000

RENO OFFICE
9850 Double R Blvd, Suite 101
Reno, NV 89521
(775) 687-9999

LAS VEGAS OFFICE
700 E. Warm Springs Rd, Suite 200
Las Vegas, Nevada 89119
(702) 486-2300

In the event of an address change, please notify the Department of Taxation immediately in order to direct any

Mobile Food Vendor License Application Interview Supplement

APPLICANT: Brisa Somal

DATE: February 20, 2026

BUSINESS NAME: Nevada West Group LLC DBA Tacos & Burgers CO

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

If not, the on-site supervisor will be _____

I understand that if the on-site supervisor changes, I am responsible for notifying the City Clerk's Office. Initials BS

I acknowledge that, as the license holder, I am personally responsible for all items sold through the mobile store. Initials BS

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 BS

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

Witness: Daniel Babiarz, Chief of Police

FALLON POLICE DEPARTMENT

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

Daniel Babiarz
Chief of Police

February 20, 2026

This letter certifies that Brisa Somal, of 830 East Stillwater Avenue, space 17, Fallon, NV, 89406, owner of "Nevada West Group LLC dba Tacos & Burgers CO" has completed the application and has passed the limited background check, including a local records check, CP Clear, and DMV Database checks, for operating a mobile food vending truck/trailer within the City of Fallon.

I have interviewed Brisa and discussed the local ordinances regarding Mobile Food Vendors and have provided her with a copy of the Fallon Municipal Code pertaining to these laws. Brisa has indicated on the application that she has reviewed Chapter 5.60 of the Fallon Municipal Code, which lists explicitly the laws regarding Mobile Food Vending platforms.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DB' followed by a stylized flourish and the number '1048'.

Daniel Babiarz
Chief of Police



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Privilege License Supplemental Approval Form

Application Date: 2/12/26

Applicant: Brisa Somal

Business: Nevada West Group LLC dba Tacos & Burgers Co

License Type: Mobile Food Vendor

Application Type: New Owner Change Name Change Manager Change Location Change

OFFICIAL USE ONLY			
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<u>DB</u>		
Chief of Staff	<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: _____			
Committee recommendation for application: <u>Approved</u> <u>Approved with Conditions</u> <u>Disapproved</u>			

OFFICIAL USE ONLY:		
Account No.	License No.	Payment Received By: