



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: Arora Rajhwant S.
Last First MI

Application Date: 9/18/2024

Title: Manager

Phone: 916-715-9595

Email: rajhwant.singh.arora@gmail.com

Address: 962 Conifer Dr, Fallon NV

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: Aman Brothers LLC DBA Brothers Food Truck

Business Owner(s):

Name	Address	Title
<u>Rajhwant Singh Arora</u>	<u>962 Conifer Dr, Fallon NV</u>	<u>Manager</u>

Business Address (if applicable): 1430 W. Williams Ave Fallon NV 89406
City State Zip

Name of owner's authorized agent, if any: Rajhwant S Arora

Provide a description of the selling methods to be used and the nature of the products or services to be offered:
Cook and serve.
Please find it attached.

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>July 2021 / May 2024</u>	<u>Sinclair</u>	<u>2816 W. Capitol Ave,</u>	<u>San Francisco</u>	<u>CA</u>	<u>95691</u>



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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
2007	JPR	UT	96432V

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.

Rajkumar Sunjara
Applicant's Signature



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AUTHORIZATION AND RELEASE

I, RAGHUWANT S ARORA, 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.

Raghuwans Singh Arora
Applicant's Signature

OFFICIAL USE ONLY			
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<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: _____			

Recommendation for application:	<u>Approve</u>	<u>Approve with Conditions</u>	<u>Disapprove</u>

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

FALLON POLICE DEPARTMENT

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

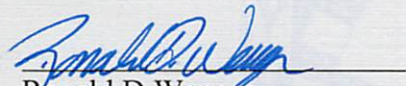
Ron Wenger
Chief of Police

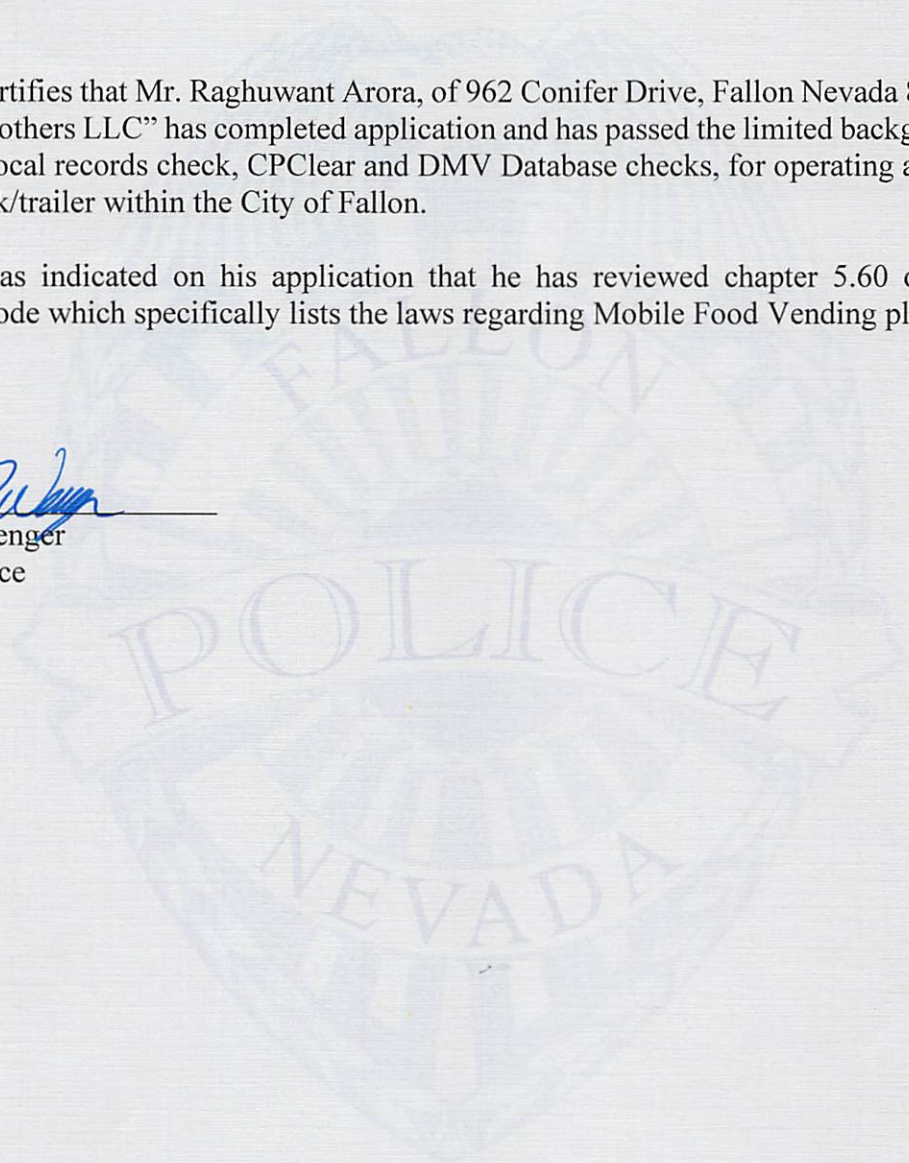
September 24, 2024

This letter certifies that Mr. Raghuwant Arora, of 962 Conifer Drive, Fallon Nevada 89406, owner of "Aman Brothers LLC" has completed application and has passed the limited background check, including a local records check, CPClear and DMV Database checks, for operating a mobile food vending truck/trailer within the City of Fallon.

Mr. Arora has indicated on his application that he has reviewed chapter 5.60 of the Fallon Municipal Code which specifically lists the laws regarding Mobile Food Vending platforms.

Sincerely,


Ronald D Wenger
Chief of Police





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BUSINESS LICENSE LOCATION APPROVAL FORM

The following signatures indicating compliance with applicable health, safety zones, and building standards must be secured by the applicant before a City of Fallon business license can be issued.

Business Name: AMAN BROTHERS LLC DBA BROTHERS FOOD TRUCK

Business Address: MOBILE TRUCK

Applicant's Name: RAGHUWANT SINGH ARORA

(24 HOUR NOTICE MAY BE REQUIRED)

City of Fallon Building Department
 Gary Johnson, Building Inspector
 55 West Williams Avenue, Fallon, Nevada 89406

Office: 775-423-5107
 Cell: 775-217-5967

Approved By: N/A - DJ

Date: 9/25/24

City of Fallon Engineering Department
 Derek Zimney
 55 West Williams Avenue, Fallon, Nevada 89406

Office: 775-423-5107

Approved By: N/A - DJ

Date: 9/25/24

City of Fallon/Churchill County Fire Department
 Mitch Young, Fire Marshall
 20 North Carson Street, Fallon, Nevada 89406

Office: 775-423-0665
 Cell: 775-427-7911

Approved By: MY

Date: 9-19-24

SALE OF CONSUMABLE ITEMS, MUST BE APPROVED BY THE HEALTH DEPARTMENT

Consumer Health Division
 155 North Taylor Street, Suite 103, Fallon, Nevada 89406

775-423-2281
 775-687-7571
 775-687-7539

Approved By: Faridhajan

Date: 09/18/2024

pending final inspection proposed 09/24/2024

OFFICIAL USE ONLY:

Account No. _____ License No. _____ Zone: _____

Reviewed By: _____ Payment Received By: _____

Mobile Food Vender License Application Interview Supplement


APPLICANT Raghuwant Sarora 


DATE 09/24/2024

BUSINESS NAME – “Aman Brothers LLC”

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 to notify the City Clerk’s Office. Initials 

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

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 

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

Witness: 
Ronald D Wenger, Chief of Police

A Description of Selling Method.

9/26/2024

Brothers Food Truck will operate as a mobile food service, specializing in freshly prepared Indian cuisine, including kebabs and other popular dishes. Our mission is to provide high-quality, authentic food using fresh ingredients, served quickly to meet the needs of our customers.

We will prepare and cook food on-site, ensuring that all health and safety standards are maintained. The truck will operate in various locations, with a focus on outdoor events, local markets. We will follow all local ordinances and regulations pertaining to mobile food vending and ensure that the truck is compliant with all necessary hygiene, sanitation, and operational guidelines.

In addition to our regular food service, we may also offer catering services for private events and gatherings, providing a more extensive menu based on customer requests.

Permission letter

Date:09/26/2024

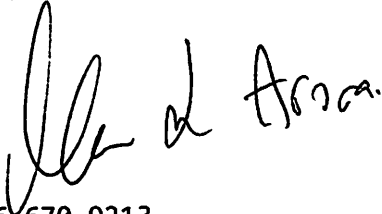
To Whom It May Concern,

I, Manpreet Arora, hereby give permission to Raghuwant Arora to run and operate the food trailer known as Brothers Food Truck. Raghuwant Arora is authorized to manage all day-to-day operations, including, but not limited to, handling customer orders, maintaining the food trailer, purchasing supplies, and ensuring compliance with all health and safety regulations.

This permission is granted effective immediately and will remain in place until further notice or any change in agreement between both parties.

If you have any questions or need further clarification, please feel free to contact me at 9166709213

Sincerely,
Manpreet Arora

A handwritten signature in black ink, appearing to read 'Manpreet Arora', written in a cursive style.

916-670-9213



dmvnv.com

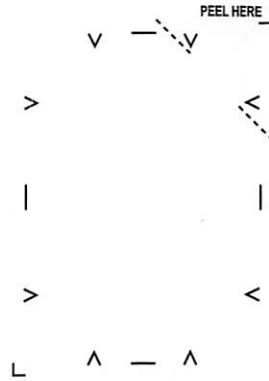
Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0625
(775) 684-4368

2025 EXPIRES
5/16/2025

LICENSE NUMBER 96432Y	YEAR 2007	MAKE SPOR	TYPE UT	CYL 4	MSRP 1950.00	FUEL 0	AXLE 2	DECLARED WEIGHT 0	UNLADEN WEIGHT 3900
VEHICLE IDENTIFICATION NUMBER 4S9BU24277C041079			MODEL NAME/LENGTH UTILTIY-24			COUNTY BASED CHURCHILL			
ISSUE DATE 5/16/2024	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE N	DECAL NUMBER 96432Y	PLATE BACKGROUND HOME MEANS NEVADA				

ARORA, MANPREET SINGH (REGD)

ARORA, MANPREET SINGH
962 CONIFER DR
FALLON NV 89406-2890



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

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE
Form NVREG04 177628236 - 3036 - 11417



**STATE OF NEVADA SALES TAX PERMIT
DEPARTMENT OF TAXATION**

Taxpayer ID: 1045146617-001
Correspondence ID: 2400016908634
Date: 08/14/2024

AMAN BROTHERS LLC
BROTHERS FOOD TRUCK
1430 W WILLIAMS AVE
FALLON NV 89406

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.

Permit Location:
BROTHERS FOOD TRUCK
962 CONIFER DR
FALLON NV 89406

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

MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION

(Detach Here)

Attached is your Nevada Sales Tax Permit.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) on resale certificates, in correspondence or telephone calls to the Department.

Based on your estimated monthly taxable receipts as stated on the Nevada Business Registration Supplemental application, your filing frequency will be monthly.

As stated on the application, your business start date is 05/15/2024, making your first remittance due on or before 07/01/2024.

The Department of Taxation has forms, publications and information available via internet at <https://tax.nv.gov>.

The Department of Taxation is providing businesses with the ability to view and manage their accounts via the internet through its interactive website, NevadaTax, located at <http://nevadatax.nv.gov>. Businesses can file tax returns, make payments, and view financials associated with their Sales and Use Tax, Modified Business Tax accounts, as well as make payments for other tax types.

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

Your business should use the following Pre-approved NevadaTax Activation Code when registering to use NevadaTax:
Pre-approved NevadaTax Activation Code: **CCABBDAA-DBC4-490D-B389-8BEDC4102B04**.

The Nevada Sales Tax Permit has been issued pursuant to an application duly filed and payment of prescribed fees, if any. 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.

If you have questions concerning the permit please call our Department's Call Center at (866) 962-3707

DISTRICT OFFICE LOCATIONS

<p>CARSON CITY OFFICE 3850 Arrowhead Drive, 2nd Floor Carson City, Nevada, 89706</p>	<p>LAS VEGAS OFFICE 700 E. Warm Springs Rd, Suite 200 Las Vegas, Nevada, 89119</p>	<p>RENO OFFICE 4600 Kietzke Lane, Building L, Suite 235 Reno, Nevada, 89502</p>
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