

## 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	☐ Loca	tion Cha	inge
Applicant Name:	Sandberg Lass	Tone	E	Application I	Date: <u>6 /</u> 3	30/25	5
Title: <u>Owner</u>				Phone:	75-421	6-97	59_
Date of Birth:			Driver's License	Mumber:			
	at .		Dilver a License	State:			
List all addresses in	which you have res	ided at for the past fiv	e (5) years.	S-GARDINA			
Begin/End	Physical Address			City		State	Zip
2012 - Present	4101 Santa			NV	89406		
Business Name: Business Owner(s): Name Torie Sandbe	Corporation Revel 9 Ro		ail Co. L	ıc	Title OWNE	r	
Business Address:	4101 Santa	Fe Dr.	Fal	M	N	V 8°	9406 zp
1164		to be occupied by the	e establishment fo	or which the	license is so WP Mo	ought:	ar_
	,	t locations-	1007		5		
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							



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i if Yes, list the bu	siness(es) you have owned	or managed.					
Begin/End	Name	Address		City	i	State	Zip
Have vou ever b	een issued a business or a	liquor license?	<b>■ Yes</b>	□No			
If Yes, when? March 2025-May2025		What Agency? Churchill County, Was			Vashoe (	County	
Have you ever had a business or liquor license revoked?		_	■ No				
If Yes, when?			What Agency?	···			
Have you ever b	een denied a business or liq	quor license?	☐ Yes	■ No			
If Yes, when?			_ What Agency?	<del></del>			
Have you received any specialized training for serving alcol				Yes	□No		
If Yes, explain:	NV Alcohol Awareness	Training and	Card				
Have you ever b	een arrested?   Yes	<b>■</b> No					
If Yes, provide th	ne following information:						
Date	Charge		Arresting A	Arresting Agency			sposition
List five (5) refer	ences not related to you wit	th daytime phor	ne numbers:				
Name		Phone	Phone Relati		ionship		
Heather Alves		209-8			friend/co-worker		
Shannon Myers		775-4	775-427-8115		friend		
Jenny Mitchell		775-6	775-683-8194		friend	friend	
Diana Paul		775-2	775-217-1428		friend		
Vaughna Bendickson		775-8	775-846-1231		family friend		

### 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.

Applicants Signature



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#### **AUTHORIZATION AND RELEASE**

, authorize the Fallon Police Department to perform a background check

and to release the results of said investigation, City Council in public documents and/or discuss	which may include information of a confidential of sion at a public meeting.  Applicant's Signature	or privileged nature, to the
	OFFICIAL USE ONLY	
City of Fallon Approve		Disapprove
Chief of Police	<u> </u>	
Engineering/Building Department	77/	
Attorney's Office		
City Clerk's Office		
Fallon/Churchill Fire Dept		
Conditions required for approval:	For special events and p	onvate parties
Recommendation for application: App	prove Approve with Conditions D	lisapprove
	OFFICIAL USE ONLY:	
Account No. License No.	Payment Received By:	

# **Liquor License Application Interview Supplement**

APPLICANT Torie Sandberg DATE 07/8/2025
BUSINESS NAME – Revel & Roam Cocktail Co. LLC
4101 Santa Fe Drive Fallon, Nv 89406
I (will) will not) be the on-site supervisor.
If not, the on-site supervisor will be Addison Sandberg Macie And
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 at the store. Initials
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
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
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

July 8, 2025

On June 30, 2025 the Fallon Police Department received an application for City Liquor License from Ms. Torie Sandberg of 4101 Santa Fe Drive in Fallon, Nevada 89406. Ms. Sandberg is the owner of Revel & Roam Cocktail Co. LLC, located at 4101 Santa Fe Drive in Fallon. Ms. Sandberg business is a converted horse trailer that has been made into a mobile bar which Ms. Sandberg plans on using to serve alcoholic beverages at private events.

I have conducted a limited background check on Ms. Sandberg which consisted of a local records check and CPClear database check.

On July 8, 2025 I met with Ms. Sandberg and explained the laws pertaining the serving of alcohol within the city limits of Fallon. Ms. Sandberg has indicated that she understands her responsibilities while serving alcohol within the city limits of Fallon.

I have found negative information of concern that would prohibit Ms. Sandberg from holding a City of Fallon Liquor License.

Ronald D Wenger Chief of Police