



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: SAAVEDRA MIKI JO
Last First MI

Application Date: 1-23-24

Title: COOK / OWNER

Phone: 775-750-6698

Email: MIKI.JOSAAVEDRA313@gmail.com

Address: 1004 SCOTT DR, FERNLEY NV

Date of Birth: [REDACTED]

Driver's License Number: [REDACTED]

Driver's License State: NV

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

Business Name: WE CAN WARRIORS

Business Owner(s):

Name	Address	Title
MIKI SAAVEDRA	1004 SCOTT DR. FERNLEY	OWNER / COOK

Business Address (if applicable): 1004 SCOTT DR FERNLEY NV 89406
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:
GYROS, ITALIAN BEEF, HOT DOGS, CHEESE STEAKS, FRIES, CHICKEN CHEESE STEAKS

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



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

if Yes, when? 2023

Have you ever had a business or mobile food vendor license revoked?

If Yes, when? _____

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

If Yes, when? _____

Have you ever been arrested? Yes No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

Yes No

What Agency? FERRIER, FALLON, Lyon County

Yes No

What Agency? _____

Yes No

What Agency? _____

Vehicle Information (to be used for mobile vending):

Year of Vehicle	Make	Model	Plate Number
2021	Toyota	Fundra M.S	
2021	REMO	4W Utility	33267Y

A copy of a valid, unexpired Nevada vehicle registration, if applicable, must be submitted with this application.

Health Permit:

A copy of proof of Nevada State Division 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.

Applicant's Signature



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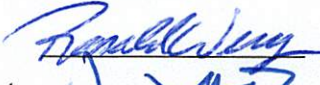



Fax: (775) 423-8874

AUTHORIZATION AND RELEASE

I, Miki Spavella, 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: _____			

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

OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH



500 DAMONTE RANCH PARKWAY #657
RENO, NEVADA 89521
OFFICIAL PERMIT

Permit No. LY-014-26782

MIKI SAAVEDRA

Operator of

WE CAN WARRIORS

at 1004 SCOTT DR, FERNLEY, NV 89408

is granted a permit to operate the following

Permit Description: FOOD ESTABLISHMENT (MOBILE UNITS)

Conditions of Permit: No restrictions

This establishment when inspected did comply with the public health laws of Nevada, and the rules, regulations and codes of the State of Nevada Division of Public and Behavioral Health in effect on this date.

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE POSTED IN VIEW OF THE PUBLIC.

It is subject to revocation at any time this establishment is not maintained or is not operated in a sanitary manner, and in accordance with Nevada statutes, and with rules, regulations and codes of the Nevada Division of Public and Behavioral Health. This permit becomes null and void upon the expiration date.

Expiration Date: 09/30/2024

Official:



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

Taxpayer ID: 1043040080-001
Correspondence ID: 2100014452950
Date: 10/08/2021

MIKI SAAVEDRA
1004 SCOTT DR
FERNLEY NV 89408-9449

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:
MIKI SAAVEDRA
1004 SCOTT DR
FERNLEY NV 89408-9449

FALLON POLICE DEPARTMENT

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

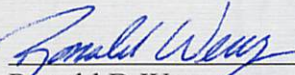
Ron Wenger
Chief of Police

February 26, 2024

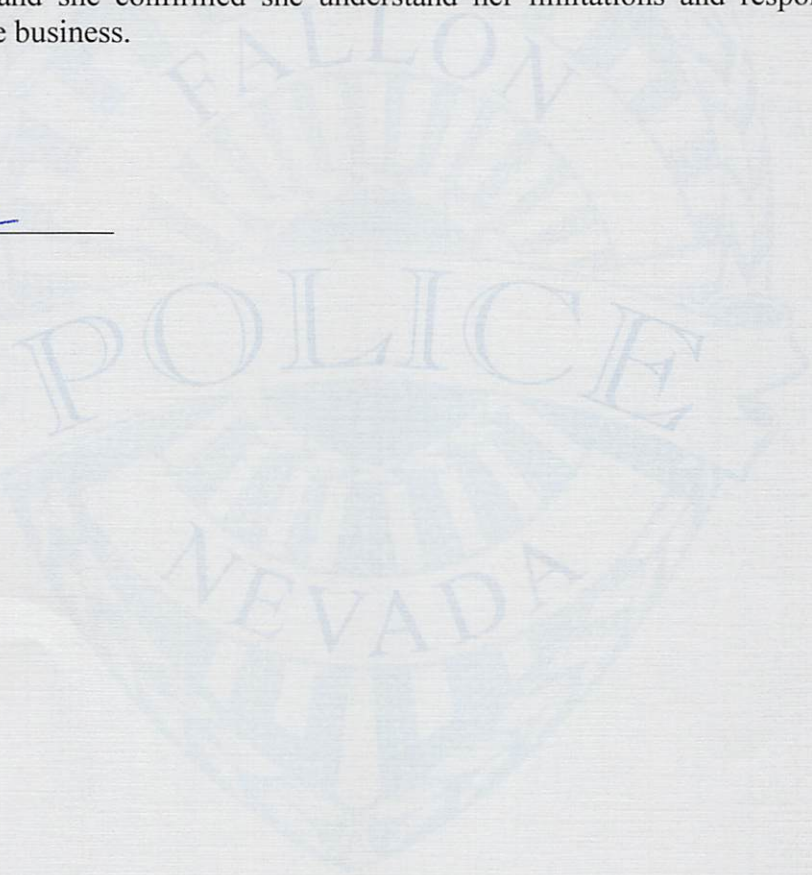
This letter certifies that Ms. Miki Saavedra, of 1004 Scott Drive Fernley, Nevada 89405, owner of "WeCan Warriors" mobile food vending truck, has completed application and has passed the background check, including a local records check and CPClear Database check, for operating a mobile food vending truck/trailer within the City of Fallon.

Additionally, I have met with Ms. Saavedra and discussed Fallon Municipal Code 9.60 which specifically lists the laws regarding Mobile Food Vending platforms. I reviewed the ordinance with Ms. Saavedra and she confirmed she understand her limitations and responsibilities as owner/operator of the business.

Sincerely,



Ronald D Wenger
Chief of Police



Mobile Food Vender License Application Interview Supplement

APPLICANT Saavedra, Miki Jo

DATE 02/26/2024

BUSINESS NAME - WeCan Warrior 1004 Scott Dr Fernley, Nv 89405

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

If not, the on-site supervisor will be N/A

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

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

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 M.S.

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 M.S.


Witness: Ronald D Wenger, Chief of Police