



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: Ludlow Melanie
Last First MI

Application Date: 9/24/24

Title: Fizz'n (owner)

Phone: 775 276 8618

Email: meleniebunker@gmail.com

Address: 1160 Rosewood Dr.

Date of Birth:

Driver's License Number:

Driver's License State:

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

Business Name: Fizz'n

Business Owner(s):

Name	Address	Title
Melanie Ludlow	1160 Rosewood Dr.	owner

Business Address (if applicable): 1160 Rosewood Dr. Fallon 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:

(part-time) small mobile snack trailer selling soda, baked goods & popcorn at pop up locations in city & county (with owner's permission)
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>7/1/2023</u>	<u>Sierra Financial</u>	<u>601-D S Maine St</u>	<u>Fallon</u>	<u>NV</u>	<u>89406</u>

NAME # 221243



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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
2009	Honda	Pilot	252ZTP

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.

Applicant's Signature




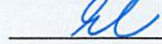
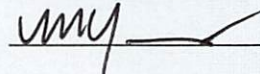
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AUTHORIZATION AND RELEASE

I, Melanie Ludlow, 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:

CERTIFICATE OF FICTITIOUS BUSINESS NAME

THIS CERTIFICATE EXPIRES 5 YEARS FROM FILE DATE

24651



NEW



RENEWAL OR REPLACE EXISTING

FILED

SEP 20 2024

LINDA POTTERY, Clerk
By [Signature]

STATE OF NEVADA)
) ss.
COUNTY OF CHURCHILL)

(PRIOR RELATED FILING NUMBER)

I / We hereby certify that I / We are conducting a mobile food trailer

business in the City of Fallon and / or the County of Churchill, State of Nevada, under a designation not showing the name(s) of the person(s) interested in conducting or carrying on said business in the City of Fallon and/or the County of Churchill, State of Nevada, under the designation not showing the name(s) of the person(s) interested in carrying on such business under the fictitious name of:

Ludlow Enterprises LLC dba FiZZ'n
(FICTITIOUS BUSINESS NAME)

1160 Rosewood Dr Fallon NV 89406
(BUSINESS STREET ADDRESS) 775 276 8618
(BUSINESS PHONE/EMAIL)

The name(s) of the person(s) interested in or carrying on such business:

(1) Melanie Ludlow
(NAME OF INTERESTED PARTY - TYPE/PRINT)
1160 Rosewood Dr
(BUSINESS OR RESIDENCE ADDRESS)
Fallon NV 89406
(CITY, STATE, ZIP)

(3) _____
(NAME OF INTERESTED PARTY - TYPE/PRINT)

(BUSINESS OR RESIDENCE ADDRESS)

(CITY, STATE, ZIP)

(2) _____
(NAME OF INTERESTED PARTY - TYPE/PRINT)

(BUSINESS OR RESIDENCE ADDRESS)

(CITY, STATE, ZIP)

(4) _____
(NAME OF INTERESTED PARTY - TYPE/PRINT)

(BUSINESS OR RESIDENCE ADDRESS)

(CITY, STATE, ZIP)

SIGNATURE OF: OWNER, PARTNER OR AUTHORIZED OFFICER AND TITLE

(1) [Signature] owner
(2) _____

(3) _____
(4) _____

STATE OF NEVADA)
) ss.
COUNTY OF CHURCHILL)

On this 20th day of September, 2024, before me personally appeared Melanie Ludlow

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily, and for the uses and purposes therein stated.

In witness whereof I have hereunto set my hand and affixed my official seal this 20th day of September 2024

[Signature]
Notary Public/Deputy County Clerk
Churchill County, Nevada

Central Nevada Health District

Food Establishment Health Permit

Issued To

Fizz'N

1160 Rosewood DR

Fallon, NV 89406

Be it known this Mobile Units 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 10/11/2024

Expiration Date 10/31/2025

Permit Number 24-300



CENTRAL NEVADA
HEALTH DISTRICT

Dären Winkelman

Public Health Administrator

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED



**STATE OF NEVADA CONSUMER USE TAX PERMIT
DEPARTMENT OF TAXATION**

Taxpayer ID: 1044589760-001
Correspondence ID: 2300016043340
Date: 09/12/2023

LUDLOW ENTERPRISES LLC
SIERRA FINANCIAL
309 E JOHN ST STE 2
CARSON CITY NV 89706-3071

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 registered as a Consumer and not authorized to make
purchases for resale.

Permit Location:
SIERRA FINANCIAL
601 S MAINE ST STE D
FALLON NV 89406-3800

(Detach Here)

Attached is your Nevada Consumer Use 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 annual.

As stated on the application, your business start date is 07/01/2023, making your first remittance due on or before 01/31/2024.

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: **12F4BC27-7E68-4FCD-B6CD-EBE7AE3B4062**.

The Nevada Consumer Use Tax Permit has been issued pursuant to an application duly filed and payment of prescribed fees, if any. This Consumer Use Tax Permit is subject to the provisions of Nevada Revised Statute 360. This Consumer Use 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 MAIN OFFICE 1550 College Parkway, Suite 115 Carson City, Nevada, 89706</p>	<p>LAS VEGAS OFFICE 700 E. Warm Springs Rd Suite 200 Las Vegas, Nevada, 89119</p>	<p>HENDERSON OFFICE This Office is Closed. Please visit the Las Vegas Office, -</p>	<p>RENO OFFICE 4600 Kietzke Lane Building L, Suite 235 Reno, Nevada, 89502</p>
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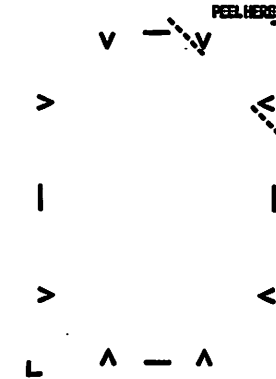
Department of Motor Vehicles
 555 Wright Way
 Carson City, NV 89711-0625
 (775) 684-4368

2025 EXPIRES
 2/28/2025

LICENSE NUMBER 252ZTP	YEAR 2009	MAKE HOND	TYPE T4W	CYL 6	MSRP 39955.00	FUEL G	AXLE 2	DECLARED WEIGHT 5999	UNLADEN WEIGHT 4608	
VEHICLE IDENTIFICATION NUMBER 5FNYP48949B041080			MODEL NAME/LENGTH PILOT TOURING				COUNTY BASED CHURCHILL			
ISSUE DATE 2/29/2024	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE N	DECAL NUMBER 252ZTP	PLATE BACKGROUND HOME MEANS NEVADA					

LUDLOW, MELANIE BUNKER (REGD)

LUDLOW, MELANIE BUNKER
 1160 ROSEWOOD DR
 FALLON NV 89406-5217



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 175332195 - 3088 - 9354

FALLON POLICE DEPARTMENT

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


Ron Wenger
Chief of Police

November 18, 2024

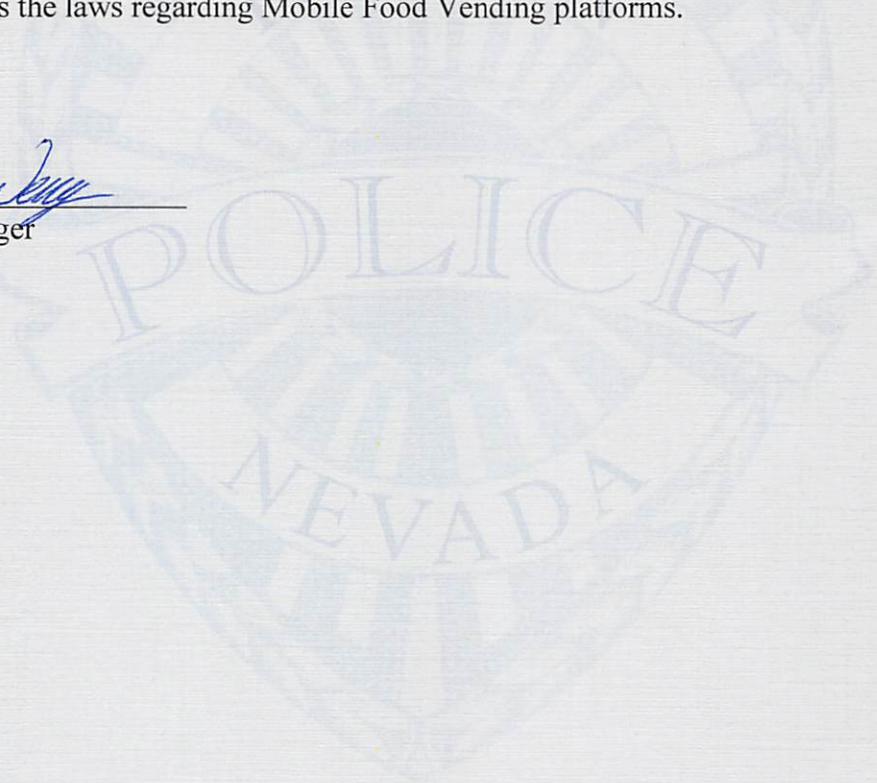
This letter certifies that Ms. Melanie Ludlow, of 1160 Rosewood Drive, Fallon Nevada 89406, owner of "Fizz'n" Mobile Food Trailer has completed application and has passed the limited background check, including a local records check, CPClear and DMV Database checks, for operating a mobile food vending truck/trailer within the City of Fallon.

I have interviewed Ms Ludlow about the laws regarding Mobile Food Venders and have provided her with a copy of the Fallon Municipal Code pertaining to these laws. Ms. Ludlow has indicated on her application that she 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



Mobile Food Vender License Application Interview Supplement

APPLICANT Melanie Ludlow

DATE 11/18/2024

BUSINESS NAME – “Fizz’n”

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 ML

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

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 ML

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 ML


Witness: Ronald D Wenger, Chief of Police