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MAY 22 2026
CLERK'S OFFICE

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: [X] New [ ] Renewal [ ] Modify

Applicant Name: Martinez Maya (Last) Jose (First) Antonio (MI) Application Date: 1/30/2026

Title: owner Phone: 775-300-2904

Address: 3500 Cushman rd Email: martinezmayaantonio50@gmail.com

Date of Birth: [redacted] Driver's License Number [redacted]

Driver's License State: [redacted]

Business Entity Type: [ ] Sole Proprietor [ ] Partnership [X] Limited Liability Company [ ] DBA
[ ] Corporation [ ] Association [ ] Other:

Business Name: Pocar de Aces L.L.C

Business Owner(s):

Name	Address	Title
Sofia Esmeralda Juarez Romero	3500 cushman rd	
J Antonio Martinez Maya	3500 cushman rd	

Business Address (if applicable): N/A
City State Zip

Name of owner's authorized agent, if any: Sofia Esmeralda Juarez Romero

Provide a description of the selling methods to be used and the nature of the products or services to be offered:
We will be selling food and traditional Mexican dishes prepared fresh and authentic we'll also provide drinks and homemade beverages.

Have you owned or managed any other business? [ ] Yes [X] 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? [X] Yes [ ] No
  If Yes, when? 1/30/2026 What Agency? Secretary of State
- Have you ever had a business or mobile food vendor license revoked? [ ] Yes [X] No
  If Yes, when? _____ What Agency? _____
- Have you ever been denied a business or mobile food vendor license? [ ] Yes [X] No
  If Yes, when? _____ What Agency? _____

Have you ever been arrested? [ ] Yes [X] 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
2026	TRLR	Conces	DEACES

* 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.

* José Antonio Martinez Maya
Applicant's Signature

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AUTHORIZATION AND RELEASE

I, José Antonio Martinez, 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.

José Antonio Martinez
Applicant's Signature

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

STATE OF NEVADA

DEPARTMENT OF TAXATION

MAIN OFFICE
3850 Arrowhead Dr., Carson City, Nevada 89706

May 19, 2026

Letter ID: L0000549717

POCAR DE ACES LLC
PO BOX 6372
FALLON NV 89407-6372

Account: SUT-0000-3644-2840

Attached is your Nevada Sales Tax Permit. It must be displayed in public view at permit location.

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 Quarterly.

As stated on the application, your business start date is May 12, 2026, making your next upcoming remittance due on or before July 20, 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 account type will be added to your existing logon.

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.

MAIN OFFICE	DISTRICT OFFICE LOCATIONS	
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 correspondence to your new address.

aL001 5

Central Nevada Health District

Food Establishment Health Permit

Mobile Food Unit - MFU

Issued To

POCAR DE ASES
3500 CUSHMAN RD
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	05/01/2026
Expiration Date	04/30/2027
Permit Number	26-139

CENTRAL NEVADA
HEALTH DISTRICT

Shannon Ernst
Public Health Administrator

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE PROMINENTLY DISPLAYED

Entity Information

Entity Information

Entity Name:	POCAR DE ACES LLC	**Entity Number:**	E54848342026-6
Entity Type:	Domestic Limited-Liability Company (86)	**Entity Status:**	Active
Formation Date:	01/30/2026	**NV Business ID:**	NV20263520069
Termination Date:	Perpetual	**Annual Report Due Date:**	1/31/2027
Compliance Hold:		**Series LLC:**	
		Restricted LLC:	

Registered AGENT INFORMATION

Name of Individual or Legal Entity:	JOSE ANTONIO MARTINEZ MAYA	**Status:**	Active
CRA Agent Entity Type:		**Registered Agent Type:**	Non-Commercial Registered Agent
NV Business ID:		**Office or Position:**	
Jurisdiction:			
Street Address:	3500 CUSHMAN RD, Fallon, NV, 89406, USA		

Address: NV, 89407, USA

OFFICER INFORMATION

☐ **View Historical Data**

Title	Name	Address	Last Updated	Status
Managing Member	SOFIA ESMERALDA JUAREZ RAMERO	3500 CUSHMAN RD, Fallon, NV, 89406, USA	01/30/2026	Active
Managing Member	JOSE ANOTINIO MARTINEZ MAYA	3500 CUSHMAN RD, Fallon, NV, 89406, USA	01/30/2026	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

DMV.NV.GOV

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

2027 EXPIRES 4/28/2027

LICENSE NUMBER	YEAR	MAKE	TYPE	CYL	MSRP	FUEL	AXLE	DECLARED WEIGHT	UNLADEN WEIGHT
POCAR	2016	CHEV	TCW	8	46535.00	G	2	8499	5302

VEHICLE IDENTIFICATION NUMBER	MODEL NAME/LENGTH	COUNTY BASED
3GCUKSEC6GG225409	SILVERADO K1500 LTZ	CHURCHILL

ISSUE DATE	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE	DECAL NUMBER	PLATE BACKGROUND
4/28/2026			N	POCAR	RAIDERS

POCAR DE ACES LLC (REGD)
MARTINEZ-MAYA,JOSE ANTONIO (REGD)
JUAREZ ROMERO,SOFIA ESMERALDA (REGD)

POCAR DE ACES LLC
PO BOX 6372
FALLON NV 89407-6372

PEEL HI

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

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE
Form NVREG04 198519332 - 3036 - 12240

DMV.NV.GOV

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

2027 EXPIRES 5/20/2027

LICENSE NUMBER	YEAR	MAKE	TYPE	CYL	MSRP	FUEL	AXLE	DECLARED WEIGHT	UNLADEN WEIGHT
DEACES	2026	UNPU	4W		35950.00	0	2	0	4365

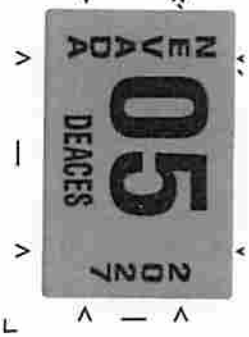
VEHICLE IDENTIFICATION NUMBER	MODEL NAME/LENGTH	COUNTY BASED
3R9SAFE24TM117305	CONCESSION-18'	CHURCHILL

ISSUE DATE	FLEET NUMBER	UNIT NUMBER	FARM/RANCH VEHICLE	DECAL NUMBER	PLATE BACKGROUND
5/20/2026			N	DEACES	LAKE TAHOE

MARTINEZ-MAYA,JOSE ANTONIO (REGD)
POCAR DE ACES LLC (REGD)

MARTINEZ-MAYA,JOSE ANTONIO
PO BOX 6372
FALLON NV 89407-6372

PEEL HEF



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 199305429 - 3036 - 12702

Mobile Food Vendor License Application Interview Supplement

APPLICANT: Martinez-Maya, Jose Antonio **DATE: 5/26/26**

BUSINESS NAME: Pocar De Aces 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 for notifying the City Clerk's Office. Initials JAMM

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

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 JAMM

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 JAMM

Witness: John Riley, Police Captain

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

Daniel Babiarz
Chief of Police

May 26, 2026

This letter certifies that Mr. Jose Martinez-Maya, of 3500 Cushman Rd, Fallon, NV 89406, owner of "Pocar De Aces 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. Martinez-Maya 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,

John C Riley 2026

John C. Riley
Suport Services Captain

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Privilege License Supplemental Approval Form

Application Date: 5/22/2026

Applicant: Jose Martinez Maya

Business: Pocar De Aces, LLC

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	JB		
Chief of Staff			
Engineering/Building Department			
Attorney's Office	EL for T.D.		
City Clerk's Office			
Fallon/Churchill Fire Dept			

Conditions required for approval: _____

Committee recommendation for application: Approved Approved with Conditions Disapproved

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