

AGENDA CITY COUNCIL MEETING 55 West Williams Avenue Fallon, NV

December 03, 2024 at 9:00 AM

The Honorable City Council will meet in a regularly scheduled meeting on December 3, 2024 at 9:00 a.m. in the City Council Chambers, 55 West Williams Avenue, Fallon, Nevada.

Items on the agenda may be taken out of order. The Council may combine two or more agenda items for consideration. The Council may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. Unless otherwise allowed by the City Council, public comments by an individual will be limited to three minutes.

- 1. Pledge of Allegiance to the Flag
- 2. Certification of Compliance with Posting Requirements
- 3. Public Comments

General in nature, not relative to any agenda items. No action may be taken on a matter raised under this item until the matter has been specifically included on an agenda as an item upon which action will be taken. (For discussion only)

- 4. Approval of Warrants (For possible action)
 - A) Accounts Payable
 - B) Payroll
 - C) Customer Deposit
- Consideration of application by Melanie Ludlow for a mobile food vendor license for Fizz'n. (For possible action)
- **<u>6.</u>** Consideration of application by Joshua Williams for an on-premise drinking establishment liquor license for Krab Kings Fallon LLC to be located at 40 E. Center Street. (**For possible action**)

- 7. Consideration of application by Whyntee Fain for an on-premises drinking establishment liquor license for Grey Area Productions dba: Troys Double Shot Bar & Catering, a mobile bar and beverage service, based at 2955 Rice Road, Fallon Nevada... (For possible action)
- 8. Public Comments (For discussion only)
- 9. Council and Staff Reports (For discussion only)

This agenda has been posted on or before 9:00 a.m. on November 26, 2024 at City Hall, City's website (<u>https://fallonnevada.gov</u>) and the State of Nevada public notice website (<u>https://notice.nv.gov/</u>).

The supporting material for this meeting is also available to the public on the City's website (<u>https://fallonnevada.gov</u>) and the State of Nevada public notice website (<u>https://notice.nv.gov/</u>) or by contacting Elsie Lee, Deputy City Clerk, City Clerk's Office, City Hall, 55 West Williams Avenue, Fallon, Nevada, 775-423-5104

/s/ Elsie M. Lee

NOTICE TO PERSONS WITH DISABILITIES: Reasonable effort will be made to assist and accommodate physically handicapped persons desiring to attend the meeting. Please call the City Clerk's Office at 775-423-5104 in advance so that arrangements may be conveniently made.





CITY OF FALLON

REQUEST FOR COUNCIL ACTION

DATE SUBMITTED:	November 22, 2024
AGENDA DATE:	December 3, 2024
TO:	The Honorable City Council
FROM:	Elsie Lee, Deputy City Clerk
AGENDA ITEM TITLE:	Consideration of application by Melanie Ludlow for a mobile food vendor license for Fizz'n. (For possible action)
TYPE OF ACTION DEOL	ESTED.

TYPE OF ACTION REQUESTED:

Resolution (X) Formal Action/Motion Ordinance Other

POSSIBLE COUNCIL ACTION: Motion to approve application and to issue a mobile food vendor license to Melanie Ludlow for Fizz'n.

DISCUSSION: Melanie Ludlow, owner of Fizz'n has made an application for a mobile food vendor license for Fizz'n. A mobile food vendor license is a privileged license that allows the licensee to sell food from a motor vehicle, or other type of food service conveyance, for human consumption and which is used to sell and dispense food or beverages to customers.

The application has been reviewed by Chief Ron Wenger, Deputy City Attorney Trent deBraga, City Engineer Derek Zimney and Deputy City Clerk Elsie Lee and has been recommended for approval.

FISCAL IMPACT: Annual mobile food vendor license fee revenue.

FUNDING SOURCE: N/A. PREPARED BY: Elsie Lee, Deputy City Clerk

			D	
opsis of the CITY	OF FALLON CLERK'S	OFFICE		NOV - 7 2024
55	West Williams Avenue, Fallon, Nevada Phone: (775) 423-5104	a 89406 RECE	IVEDOL	ERK'S OFFICE
FALLON kenneseted 1998	Fax: (775) 423-8874	NOV -	7 2024)
MOBIL	E FOOD VENDOR LICENSE APP	LICATION FALL		
Application Type: New	Renewal Modify	DE		1
Applicant Name:	ow Melanie	Application Da	ite:	24/24
Title: Fizz'n	(owner)	Phone: 77	5 276	8618
		Email: Mclar	niebunk	ter (2) amail. con
		Address:]] 60		wood Dr.
		Audress. 1700	Pese	NUUM D'
Date of Birth:	Driver's Lice	nse Number: _		
	Driver's Lice	nse State:	_	
Business Entity Type: Sole Proprietor		ted Liability Compar er:		Дова
Business Name:	22/11			
Business Owner(s):				
Name	Address	Title		
Melanie Ludlow	1160 Rosewood Dr.	owner	/	
			- ing	
Business Address (if applicable):	160 Rosewood Pr.	Fallon A	IV	89406
	net receided pr		State	Zip
Name of owner's authorized agent, if an	y:			
Provide a description of the selling meth	ods to be used and the nature of the p	oroducts or services	to be offe	red:
Small Mobile sne	ack trailer selling	soda, baker	d acod	5 3
popeorin at pop	up locations in tit	y 3 county	(with	h owner's
Have you owned or managed any other	business?	No	pe	+mission)
If Yes, list the business(es) you have ma	and the second se	City	State	Zin
Begin/End Name	Address	City	State	Zip 89406
11/2023 Sierra Financial	601-D S Maine A	Fallon	NV	51706

Mobile Vendor License Application Page 1 of 3

NAME # 2212 4 B

						ltem 5.
FALLON	CITY OF FALLON C 55 West Williams Avenue, Phone: (775) Fax: (775) 4	Fallon, Neva 423-5104		I	L	
If Yes, when?	en issued a business or mobile food vendor lie d a business or mobile food vendor license re	Wr	Yes hat Agency? _ Yes	No No	. <u>.</u>	
	en denied a business or mobile food vendor li		nat Agency? Yes	XNO		_
-			L res nat Agency?			_
•	e following information:					
Date	Charge	Arresting	Agency		Dispositio	n
					_	

Vehicle Information (to be used for mobile vending):

Year of Vehicle	Make	Model	Plate Number
2009	Honda	Pilot	252278
			· · · · · · · · · · · · · · · · · · ·

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.
- 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

5



FALLON

CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406 Phone: (775) 423-5104 Fax: (775) 423-8874

AUTHORIZATION AND RELEASE

I, <u>YICLANIE</u>, 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

	OFFICIA	L USE ONLY	
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	2 Wenny		
Engineering/Building Department	Dw My		
Attorney's Office	10		
City Clerk's Office	- Al		
Fallon/Churchill Fire Dept	MM		
Conditions required for approval:	l		
	\bigcirc		
Recommendation for application:	Approve	Approve with Conditions	Disapprove

A SALARIA SALAR	OFFICIA	L USE ONLY:	14
Account No.	License No.	Payment Received By:	

		. 62465 Item 5.
**THIS CERTIFICATE EXPIRE	TIOUS BUSINESS NAME	- *
	NEWAL OR REPLACE EXISTING	FILED
STATE OF NEVADA)	IOR RELATED FILING NUMBER)	SEP 2 0 2024
) ss. COUNTY OF CHURCHILL)		LINDA ROTHERY, Clerk By Lun L. Mutorue
I / We hereby certify that I / We are conducting a/	obile find trailer	-
business in the City of Fallon and / or the County of Churchil	1000 1101101	
of the person(s) interested in conducting or carrying on sa	id husiness in the Other of Follow and	not showing the name(s)
State of Nevada, under the designation not showing the na	makely of the nerver (1) is the state	the County of Churchill,
under the fictitious name of:		arrying on such business
(FICTIFIOUS BUSINESS NAME)	dba Fizzin	
(BUSINESS STREET ADDRESS)	89406 775 26 (BUSINESS PHONE	76 8618 Mail)
The name(s) of the person(s) interested in or carrying on suc	h business:	•
(1) Melanie Ludlow (NAME OF INTERESTED PARTY-TYPE/PRINT) III 60 Rosp wccd D (BUSINESS OR RESIDENCE ADDRESS) Fallon NN 8940.6 (OITY, STATE, ZIP)	(3) (NAME OF INTERESTED PARTY - TYPE (BUSINESS OR RESIDENCE ADDRESS (CITY, STATE, ZIP)	•
(2) (NAME OF INTERESTED PARTY - TYPE/PRINT)	(4)	IPRINT)
(BUSINESS OR RESIDENCE ADDRESS)	(BUSINESS OR RESIDENCE ADDRESS)
(OITY, STATE, ZIP)	(CITY, STATE, ZIP)	·
SIGNATURE OF: OWNER, PARTNER OR AUTHORIZED OFFICI		
AMA	<u>:RAND TITLE</u>	
(1) owner	(3)	
(2)	(4)	
STATE OF NEVADA COUNTY OF CHURCHILL } On this 20th day of <u>September</u> , 203 Mclance Ludious	H, before me personally appeared	
known to me to be the person(s) described in and who executed the	foregoing instrument, who acknowledged to	me that SNE executed
the same freely and voluntarily, and for the uses and purposes there In witness whereof I have hereunto set my hand and affixed my offici	in stated.	<u></u> 20_24
	Notary Public/Deputy County Clerk Churchill/County, Nevaga	7
	Unurphill/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

100

Expiration Date 10/31/2025

Permit Number 24-300



CENTRAL NEVADA HEALTH DISTRICT Dåren 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:104Correspondence ID:230Date:09/*

1044589760-001 2300016043340 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.

Permit Location: SIERRA FINANCIAL 601 S MAINE ST STE D

FALLON NV 89406-3800

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

(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

CARSON CITY MAIN OFFICE	LAS VEGAS OFFICE	HENDERSON OFFICE	RENO OFFICE
1550 College Parkway, Suite 115 Carson City, Nevada, 89706	700 E. Warm Springs Rd Suite 200 Las Vegas, Nevada, 89119	This Office is Closed. Please visit the Las Vegas Office, -	4600 Kietzke Lane Building L, Suite 235 Reno, Nevada, 89502

	/nv.com		. (555 W City,	l Motor Vehicl right Way NV 89711-062 684-4368		2	025	EXPIRES 2/28/2025
LICENSE NUMBER	YEAR 2009	HOND		суг 6	MSPP 39955.00	FUEL G	AXLE 2	DECLARED WEIGHT	UNLADEN WEIGHT
SFNYF48949B0	41080		PILO		GTH JRING			COUNTY BASED CHURCHILL	
ISSUE DATE FLEET	NUMBER	UNITINU	.MBER	faf N		DECAL NUME		PLATE BACKGROUND	

LUDLOW, MELANIE BUNKER (REQD)

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L

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

PLATES AND REGISTRATION MUST BE RETURNED WHEN NOT OPERATING THE VEHICLE Form NVRE004 175582196 - 3068 - 9354 > < | | | > <

PERLIKERS

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

10

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 <u>11/18/2024</u>	
BUSINESS NAME – " <u>Fizz'n"</u>		

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





CITY OF FALLON

REQUEST FOR COUNCIL ACTION

DATE SUBMITTED:	November 22, 2024
AGENDA DATE:	December 3, 2024
TO:	The Honorable City Council
FROM:	Elsie Lee, Deputy City Clerk
AGENDA ITEM TITLE:	Consideration of application by Joshua Williams for an on-premise drinking establishment liquor license for Krab Kings Fallon LLC to be located at 40 E. Center Street. (For possible action)
TYPE OF ACTION REQUE	STED:

Resolution (X) Formal Action/Motion Ordinance Other – Discussion Only

POSSIBLE COUNCIL ACTION: Motion to approve application and to issue an on-premise drinking establishment liquor license to Joshua Williams for Krab Kings Fallon LLC to be located at 40 E. Center Street.

DISCUSSION: Joshua Williams, owner of Krab Kings Fallon LLC has made application for a drinking establishment liquor license for Krab Kings Fallon LLC at 40 E. Center Street. A drinking establishment liquor license is a privileged license that allows the licensee to sell alcoholic beverages from a fixed and definite place of business for consumption upon the premises only.

The application has been reviewed by Deputy City Attorney Trent deBraga, City Engineer Derek Zimney, Chief Ron Wenger, and Deputy City Clerk Elsie Lee and has been recommended for approval.

FISCAL IMPACT: Annual drinking establishment liquor license fee revenue.

FUNDING SOURCE: N/A.

PREPARED BY: Elsie Lee, Deputy City Clerk

Landparented 1966		Fax: (775) 423-8874				
					ation Cha	2000
Application Type:	New Owner	Change 🗌 Manager C	nange			ange
Applicant Name:	Williams Josh	wa J. A	pplication D	ate: 11)	5/2-	1
6		irst MI			,	
Title: Oww	r v		Phone: <u>8</u>	58-51	8-54	03
Date of Birth:		Driver's License N	lumber:			
			State:		-	
List all addresses in	which you have resided at for	r the past five (5) years.				_
Begin/End	Physical Address	1 A	City		State	Zip
APR - Present	650 N. MAINE SI	- #308 FALLON, NU 39406	FALLON	/	NU	89406
MAY23 - Arras	40 E CENTER ST	STE#5	FALLON	1	NU	8940
APR22 - MAY	95 W FAIRVIEW S	T	FALLON	1	NU	89406
ABRIG - APR 2	USS ABRAHAM LIN	KOLN	SAN DIE	CORONAPO	CA	90019
Business Entity Typ		Partnership 🗹 Limited Liab			DBA	
Business Name:	Corporation Krab Kingz F	Association Other:				
Business Name: Business Owner(s):	Corporation Krab Kingz F	Association □ Other: FalloJ しして		Title		
Business Name: Business Owner(s): Name	Corporation Krab Kingz F	Association □ Other: FalloJ しして		Title BWNE		
Business Name: Business Owner(s): Name	Corporation Krab Kingz F Address iams HOE	Association □ Other: FalloJ しして	5E 5	OWNE		-
Business Owner(s): Name	Corporation Krab Kingz F Address iams HOE	Association Other: Fallon LCC s	5E 5	OWNE		
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Business Name: Business Owner(s): Name Tรรโบล W:ไ	Corporation Krab Kingz F Address iams 40E	Association Dother: Fallow LLC s <u>CENTER ST FALLON, KUT</u> 50 N. MAINE ST #30	572°5 8 FALLON, ON	OWNE ,	R	Zip
Business Name: Business Owner(s): Name Trokva VIII Business Address: Provide a brief desc	Corporation Krab Kingz F Address iams 40E 6 40 E. Center	Association Dother: Fallow LLC s <u>CENTER ST FALLON, AUT</u> SO N. MAINE ST #30 St Ste 5 Fallow	STE 5 8 FILLON, ON D NV	8940	R 4 State	
Business Name: Business Owner(s): Name J#Shva W:1 Business Address: Provide a brief desc	Corporation Krab Kingz F Address iams 40E 6 40 E. Center	Association \Box Other: Fallon LLC s <u>CENTER ST FALLON, FOT</u> SO N. MAINE ST #30 St Stc 5 Fallow City supjed by the establishment for	STE 5 8 FILLON, ON D NV	8940	R 4 State	
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Business Name: Business Owner(s): Name Trokva W:(Business Address: Provide a brief deso drawing of layout)	Corporation Krab Kingz F Address iams 40E 6 40 E. Center ription of the portion to be occ ON PREMISE BA	Association \Box Other: Fallod LLC s $\frac{CENTER ST FALLON, NUT}{SO N. MAINE ST #30}$ St Stc S Fallow City supied by the establishment for R	STE 5 8 FILLON, ON D NV	8940	R 4 State	
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Business Name: Business Owner(s): Name T#5kva VIII Business Address: Provide a brief desc drawing of layout) Is the premises to b Name of the owner Name of the owner	Corporation Krab Kingz F Address iam S 40E 6 40 E. Center ription of the portion to be occ ON PREMISE BA e licensed leased by the applic of the premises: Ray	Association \Box Other: Fall of UC s $\frac{CENTER ST PALLON, but}{SO N. MAINE ST #30}$ St Stc S Fallow city supied by the establishment for R cant? \Box Yes \Box No pamond Ferguson	STE 5 8 FILLON, ON D NV	ତିଭ୍ୟାର ୧ ୧୨୦୦ cense is sc	R 4 State Dught: (A	ttach

Liquor License Application - Page 1 of 3

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CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406 Phone: (775) 423-5104 Fax: (775) 423-8874

If Yes, list the business(es) you have owned or managed.							
Begin/End	Name	Address		City	Stat		
MA423	TIGER SUSHI	40 È CENTEI	RSTFALLONN	FALLAN	NI	1 8448	
Have you ever	been issued a business or a	liquor license?	T Yes	🗌 No			
If Yes, when?	2023		What Agency?		<u>carNij</u>		
Have you ever	had a business or liquor licer	se revoked?	🗌 Yes	⊡⁄No			
If Yes, when?			What Agency?				
Have you ever	been denied a business or lie	uor license?	🗌 Yes	⊿ No			
If Yes, when?			What Agency?				
Have you rece	ived any specialized training t	olic beverages?	🗌 Yes	No			
If Yes, explain	:,,						
Have you ever	·been arrested? Yes	🗌 No					
If Yes, provide the following information:							
Date	Charge		Arresting A	gency		Disposition	
JAN 23	DIDNT RENEW REG	ISTRATION	TERNI	EY			
				•			
List five (5) references not related to you with daytime phone numbers:							
Name			Phone		Relationshi	0	
BRIANNA IVALDEZ			6516	651 697 2998 FRIEND			
PRISCILLA POUCE			775 276		FRIEND		
ATOM NGYVEN			Z13 357		FRIEND		
GILBER JAUIER			619 77	5/93	FRIEND		
	UES MENDOZA			58 924Z	FRIEN	Ď	

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;
- 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.

Applicant's Signature

Liquor License Application - Page 2 of 3

Item 6.

CITY OF FALLON CLERK'S OFFICE

AS15 0

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55 West Williams Avenue, Fallon, Nevada 89406 Phone: (775) 423-5104 Fax: (775) 423-8874

AUTHORIZATION AND RELEASE

I. JoSHUA JAMES LILLIANS, 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	Allan min		
Engineering/Building Departmer	it New 7		
Attorney's Office	top Big		
City Clerk's Office	el.		
Fallon/Churchill Fire Dept	MMU		
Conditions required for approva	al:		
Recommendation for application	: <u>Approve</u>	Approve with Conditions	Disapprove
	OFFICI	AL USE ONLY:	
Account No.	License No.	Payment Received By	Γ.

Liquor License Application Interview Supplement

APPLICANT_Joshua Williams_____DATE_11/14/2024

BUSINESS NAME – <u>Krab Kingz</u>

40 E Center Street Fallon, Nv 89406

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

If not, the on-site supervisor will be VICTORIA SIM MONS

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 100

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 300

Witness: Ro ief of Police

FALLON POLICE DEPARTMENT

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

> Ron Wenger Chief of Police

November 14, 2024

On November 5, 2024 the Fallon Police Department received an application for City Liquor License from Mr. Joshua Williams of 650 North Maine Street #308 in Fallon, Nevada 89406. Mr. Williams is the co-owner of Krab Kingz Fallon LLC and is seeking a city liquor license to sell On Premise at his restaurant located at 40 East Center Street within the City limits of Fallon Nevada.

A review of Mr. Williams' references were all very favorable, with all speaking very highly of him.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found no criminal violations of law.

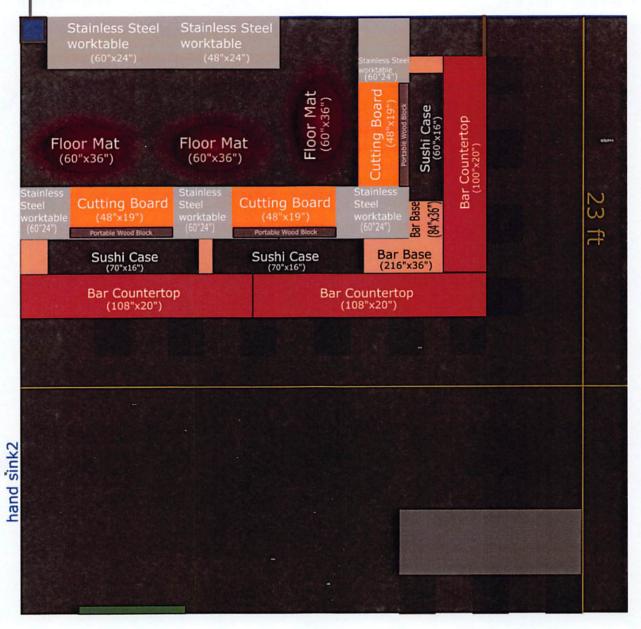
On November 4, 2024 I interviewed Mr. Williams about his application. I have provided a supplemental form in which Mr. Williams signed, indicating he understands his responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Mr. Williams has passed a limited background check.

Ronald D Wenger

Chief of Police

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CITY OF FALLON

REQUEST FOR COUNCIL ACTION

DATE SUBMITTED:	November 22, 2024
AGENDA DATE:	December 3, 2024
TO:	The Honorable City Council
FROM:	Elsie Lee, Deputy City Clerk
AGENDA ITEM TITLE:	Consideration of application by Whyntee Fain for an on-premises drinking establishment liquor license for Grey Area Productions dba: Troys Double Shot Bar & Catering, a mobile bar and beverage service, based at 2955 Rice Road, Fallon Nevada (For possible action)
TYPE OF ACTION REOU	JESTED:

ResolutionOrdinance(X)Formal Action/MotionOther – Discussion Only

POSSIBLE COUNCIL ACTION: Motion to approve application and to issue a conditional on-premises drinking establishment liquor license for the purpose of special events or private parties only to Whyntee Fain for Grey Area Productions dba: Troys Double Shot Bar & Catering, a mobile bar and beverage service, based at 2955 Rice Road, Fallon Nevada...

DISCUSSION: Whyntee Fain, owner of Grey Area Productions dba: Troys Double Shot Bar & Catering, a mobile bar and beverage service, has made application for an on-premises drinking establishment liquor license for Grey Area Productions dba: Troys Double Shot Bar & Catering based at 2955 Rice Road, Fallon Nevada., for special events and private parties. A drinking establishment liquor license is a privileged license that allows the licensee to sell alcoholic beverages from a fixed and definite place of business for consumption upon the premises only. Because the applicant is seeking an on-premises liquor license for the purposes of special events or private parties only, staff recommends a conditional on-premises drinking establishment liquor license that allows the applicant to sell liquor at special events and private parties only.

The application has been reviewed by Deputy City Attorney Trent deBraga, City Engineer Derek Zimney, Chief Ron Wenger, and Deputy City Clerk Elsie Lee and has been recommended for approval.

FISCAL IMPACT: Annual drinking establishment liquor license fee revenue.

PREPARED BY: Elsie Lee, Deputy City Clerk

PALLON Interpreted 1988	Fax: (775) 423-8874	TION			
Application Type: XNew		nager Change		ation Cha	ange
Applicant Name: Faun	whythee	A	a .	10-21	L.
Lest	First MI		Date: 9-		
Title: <u>Co-OWNER</u>		Phone:	775-2	17-11	96
Date of Birth:	Driver's Lic	ense Number:			
	Divers Lie	State:			
List all addresses in which you have r	esided at for the past five (5) years.				
Begin/End Physical Addre		City		State	Zip
2018 - Present 342	Crystal Ct	Fall	on	NV	89406
	5				
	0				
Business Entity Type: Sole Pro	oprietor 🛛 Partnership 🗌 Limite	ed Liability Com	bany 🔲	DBA	
Corpora Business Name: <u>Grey Arec</u> Business Owner(s):	tion Association Other	r:	uble Sho		
Corpora Business Name: <u>Grey Arec</u> Business Owner(s): Name	Address	r:	Title	t ever t cat	ering
Corpora Business Name: <u>Grey Arec</u> Business Owner(s):	Address 342 Crystal Ct	= Troys Do	Title	t ever t cate wner	ering -
Corpora Business Name: <u>Grey Arec</u> Business Owner(s): Name Whytner Fair	Address	= Troys Do	Title	t ever t cate wner	ering -
Corpora Business Name: <u>Grey Arec</u> Business Owner(s): Name Whytner Fair	Address 342 Crystal Ct	= Troys Do	Title	t ever t cate wner	ering -
Corpora Business Name: <u>Grey Arec</u> Business Owner(s): Name Whytner Fair	Address 342 Crystal Ct	= Troys Do	Title	t ever t cate wner	ering -
Corpora Business Name: <u>Grey Arec</u> Business Owner(s): Name Whytner Fair	Address 342 Crystal Ct	= Troys Do	Title	t ever t cate wner	ering -
Corpora Business Name: <u>Grey area</u> Business Owner(s): <u>Name</u> Whytner Fain Nicole Mayer	Address 342 Crystal ct 2955 Rice Ro	r: = Troys Do	Title	t ever Cate Wner Wne	ering
Corpora Business Name: <u>Grey area</u> Business Owner(s): <u>Name</u> Whytner Fain Nicole Mayer	Address 342 Crystal ct 2955 Rice Ro	= Troys Do	Title Co -10 Co - 0	t ever t cate wner	ering
Corpora Business Name: <u>Grey Arec</u> Business Owner(s): <u>Name</u> Whymer Fain Nicole Mayer Business Address: <u>2955</u> Provide a brief description of the portion	Address Address 342 Crystal ct 2955 Rice Ro 5 Rice Rol Fa on to be occupied by the establishm	r: = Troys Do () () () () () () () () () (NJ	t ever Cate Wner Wne Wne	ering C Zip
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Corpora Business Name: <u>Grey Area</u> Business Owner(s): <u>Name</u> Whytner Fain Nicole Mayer Business Address: <u>2955</u> Provide a brief description of the portion Office Only, bookee	Address Address 342 Crystal ct 2955 Rice Ro 375 Rice Ro 5 Rice Rol Fa on to be occupied by the establishm piny, no public ac by the applicant? X Yes N	r: = Troys Do I (1) On City ent for which the Ce SS - Spece	NJ	t ever Cate Wner Wne Wne	ering C C Zip
Corpora Business Name: <u>Grey area</u> Business Owner(s): <u>Name</u> Whytner Fain Nicole Mayer	Address Address 342 Crystal ct 2955 Rice Ro 5 Rice Rol Fa on to be occupied by the establishm piny, no public ac	r: = Troys Do I (1) On City ent for which the Ce SS - Spece	NJ	t ever Cate Wner Wne Wne	ering C Zip
Corpora Business Name: <u>Grey Area</u> Business Owner(s): <u>Name</u> Whytner Fair Nicole Mayer Business Address: <u>2955</u> Provide a brief description of the portion Office Only, bookee Is the premises to be licensed leased	Address Address 342 Crystal ct 2955 Rice Ro 5 Rice Rol Fa on to be occupied by the establishm piry, no public ac by the applicant? X Yes N Nicole Mayer t, if any: N/A	r: = Troys Do I (1 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	NJ	t ever Cat Wner Wner Wne State State State	ering

Liquor License Application - Page 1 of 3



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CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406 Phone: (775) 423-5104 Fax: (775) 423-8874

Begin/End		Name	Address		City	State	e Zip
2007-200	08	Bis Horn	1720 W.	williams	Fallon	NV	89400
2022 - Pi	resent	Fallon Fam Medicine	clinic 1077 1	Jew River Pky	Fallon	N	8940
2016 - Pr	resent	The tair Aff	fair 1730 W	. Williams	Fallon	s n.	1 89400
Have you eve	r been issue	ad a huainaaa a	n o linu on line o o O	M Voo	□ No		
If Yes, when?	2006	Plus All Te	emporaries 40	Jears	city, Chu	rchill co	
			icense revoked?		No		
If Yes, when?				What Agency?			
Have you ever	r been denie	ed a business o	or liquor license?	☐ Yes	No No		
If Yes, when?				What Agency?			
Have you rece	eived any sp	pecialized trainin	ng for serving alco	holic beverages?	X Yes	No	
lf Yes, explain	owner		tablishment	holic beverages? -, Warned year		A CONTRACTOR OF	
lf Yes, explain Have you ever If Yes, provide	been arres	sted? XYes	tablishment	+, trained year	rs ago, out	A CONTRACTOR OF	
lf Yes, explain Have you ever If Yes, provide Date	been arres	sted? XYes	tablishment		rs ago, out	oz Reno	Disposition
lf Yes, explain Have you ever If Yes, provide	been arres	sted? XYes	tablishment	+, trained year	rs ago, out	oz Reno	Disposition
lf Yes, explain Have you ever If Yes, provide Date	been arres	sted? XYes	tablishment	+, trained year	rs ago, out	oz Reno	Disposition
lf Yes, explain Have you ever If Yes, provide Date	been arres	sted? XYes	tablishment	+, trained year	rs ago, out	oz Reno	Disposition
If Yes, explain Have you even If Yes, provide Date 20\0	been arres the followin Charge	a bar es sted? Ares ng information:	tablishment	Arresting A	rs ago, out	oz Reno	Disposition
If Yes, explain Have you even If Yes, provide Date 20\0	been arres the followin Charge	a bar es sted? Ares ng information:	No	Arresting A	gency	oz Reno	Disposition
If Yes, explain Have you even If Yes, provide Date 20\O List five (5) ref	Charge	a bar es sted? AYes ng information: t related to you	No	Arresting A	nency	oz Reno	Disposition
If Yes, explain Have you even If Yes, provide Date 2010 List five (5) ref Name	erences nor	t related to you	No	Arresting A Arresting A ne numbers: Phone	7-4757 0185	Relationship Prierd Friend	Disposition
If Yes, explain Have you even If Yes, provide Date 2010 List five (5) ref Name Theresa	erences no	t related to you	With daytime phore	Arresting A Arresting A ne numbers: Phone 775 - 217 775 - 302 - 0	7-4757 0185	Relationship Prierd Friend	Disposition
If Yes, explain Have you even If Yes, provide Date 2010 List five (5) ref Name Theresa	erences no	t related to you	No	Arresting A Arresting A ne numbers: Phone 775 - 217 775 - 302 - 0	7-4757 0185	Relationship Prierd Frierd Employer	Disposition

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;
- 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.

Pitra 775-842-3572 Kogre Stacy Prince 775-223-0067

Applicant's Signature

Liquor License Application - Page 2 of 3



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406 Phone: (775) 423-5104 Fax: (775) 423-8874

AUTHORIZATION AND RELEASE

nee. Fain ١,

, 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.

0 Applicant's Signature

Item 7.

	OFFICI	AL USE ONLY		
10 Print Card Photo	Spillman Entry	- Bonald D. Women		
Local records		Recommended by Chief of Police or Designee		
Fee	<u>\$</u>	Not Recommended by Chief of Police or Designee		
City of Fallon Engineer City of Fallon Chief of I City of Fallon/Churchill City of Fallon Attorney'	ing/Building Department Police County Fire Dept.	Date: 11/22/24 Date: 11/2/24 Date: 11/2/24 Date: 11/2/24 Date: 11/2/24		

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

Liquor License Application - Page 3 of 3

FALLON POLICE DEPARTMENT

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

> Ron Wenger Chief of Police

November 4, 2024

On September 20, 2024 the Fallon Police Department received an application for City Liquor License from Ms. Whytnee Fain of 342 Crystal Court in Fallon, Nevada 89406. Ms. Fain is the co-owner of Grey Area Productions DBA Troy's Double Shot Bar and Catering and is seeking a city liquor license to sell On Premise at Special Events within the City limits of Fallon Nevada.

A review of Ms. Fain's references were all very favorable, with all speaking very highly of her.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found no criminal violations of law.

On November 4, 2024 I interviewed Ms. Fain about her application. I have provided a supplemental form in which Ms. Fain signed, indicating she understands her responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Ms. Fain has passed a limited background check.

Ronald D Wenger Chief of Police

Liquor License Application Interview Supplement

APPLICANT Whytn	ee Fain	DATE11/4	/2024			
BUSINESS NAME – Grey Area Productions DBA						
Tro	y's Double Shot Event	Bar and Cateri	ing			
342	Crystal Ct	Fallon, Nv 894	106			
I (will) will not) be th	e on-site supervisor.					
If not, the on-	site supervisor will be	Nicole	Mayer			
	that if the on-site supe / Clerk's Office. Initial	1	I am responsible to			

I acknowledge that as the license holder, I am personally responsible for what is sold at the store. Initials \underline{WF}

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 \underline{WF}

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 ______F___

Witness: