

TOWN OF MAMMOTH LAKES P.O. Box 1609, Mammoth Lakes, CA 93546 Phone (760) 965-3630 | Fax (760) 934-7493 http://www.townofmammothlakes.ca.gov/

Notice of Exemption

To: ⊠ State Clearinghouse Office of Planning and Research P.O. Box 3044, 1400 Tenth Street Sacramento, CA 95812-3044	⊠ County Clerk County of M P.O. Box 23 Bridgeport, (ono 7	
Project Title: All American Dave's – Mobìle Ver	ndor Permit (Administrative Pe	rmit 25-004)	
Project Location – Specific: 3198 Main Street			
Project Location - City: Mammoth Lakes	Project Location - County:	Mono	
Description of Nature, Purpose, and Benefici a mobile vendor within the Town of Mammoth L proposed project was found to have met all the pusinesses, and the administrative permit was s	akes, which requires the appre requirements of the Mammo	oval of an administrative permit. The	
Name of Public Agency Approving Project: 1	Town of Mammoth Lakes		
Name of Person or Agency Carrying Out Pro	ject: Dave Swanson		
Exempt Status: (check one) Ministerial (Sec. 21080(b)(1); 15268): Declared Emergency (Sec. 21080(b)(3)) Emergency Project (Sec. 21080(b)(4); 1 Categorical Exemption (State type and Statutory Exemptions (State code numb	15269(b)(c)): Section number): Guidelines S	Section 15301, Existing Facilities	
Reason why project is exempt: The project he of the California Environmental Quality Act (CEC of Title 14 of the California Code of Regulations 15301 applies to projects that involve negligible exemption because it involves the temporary put that will not result in an expansion of the existin Guidelines Section 15300.2, which would preclude.	QA) pursuant to CEQA Guidelin . The categorical exemption de e or no expansion of an existi placement of a mobile food tra ig retail use. Additionally, none	les Section 15301 (Existing Facilities) escribed in CEQA Guidelines Section ing use. The project qualifies for this ailer at a commercial zoned property of the exceptions set forth in CEQA	
Therefore, the project is exempt from CEQA promeets the criteria for use of the Existing Facil exemption is not barred by one of the exception	ities categorical exemption ar	nd the application of that categorica	
Lead Agency Contact Person: Michael Peterl	ka, Associate Planner Pho	one: (760) 965-3669	
If filed by applicant: 1. Attach certified document of exemption 2. Has a Notice of Exemption been filed b	finding. In the public agency approving	the project? ☐ Yes ☐ No	
Signature: Michael Peterka	Date: August 21, 2025	Title: Associate Planner	
☒ Signed by Lead Agency☒ Signed by Applicant	Date received for filing at OPR: Filed in County Clerk's Office County of Mono County		
	Queenie Barnard Clerk-Recorder-Regis	strar	
	CQ-2025-004	3	
	08/22/2025 02:39 PM CEQA	1	

Pages: 1 Fee: \$50.00

	RECEIPT N				
		CQ-2025-0	25-0043 CLEARINGHOUSE NUMBER (If applicable)		
SEE INSTRUCTIONS ON DEVENSE TYPE OF PRINT OF FARILY		STATE CELA	VINGHOUSE I	чимьек (п аррпсаые)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEAD AGENCY EMAIL		DATE		
TOWN OF MAMMOTH LAKES	mpeterka@townofmammothlakes.			08/22/2025	
COUNTY/STATE AGENCY OF FILING		DOCUMENT NUMBER			
MONO			78	78	
PROJECT TITLE					
ALL AMERICAN DAVE'S - MOBILE VENDOR PERMIT	(ADMINISTRATIVE PI	ERMIT 25-00	4)		
PROJECT APPLICANT NAME	PROJECT APPLICANT E	PHONE NUMBER			
DAVE SWANSON	mpeterka@townofmammothlakes.		. (760))965	(760))965-3669	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
PO BOX 1609	MAMMOTH LAKES	CA	93546		
PROJECT APPLICANT (Check appropriate box)			1		
X Local Public Agency School District	Other Special District	State	Agency	Private Entity	
CHECK APPLICABLE FEES:					
☐ Environmental Impact Report (EIR)		\$4,123.50			
☐ Mitigated/Negative Declaration (MND)(ND)					
☐ Certified Regulatory Program (CRP) document - payment due					
■ Notice of Exemption (attach)					
CDFW No Effect Determination (attach)					
Fee previously paid (attach previously issued cash receipt cop	py)				
☐ Water Right Application or Petition Fee (State Water Resource	es Control Board only)	\$850.00 \$			
County documentary handling fee		\$	-		
Other		\$			
PAYMENT METHOD:		•			
☐ Cash 🛛 Credit ☐ Check ☐ Other	TOTAL R	ECEIVED \$		\$50.00	
SIGNATURE A AGE	NOV OF EILING PRINTER N	A B ACC A B ID TITLE			
1 // 2	NCY OF FILING PRINTED NA hy Zamarripa, Deputy				