

Garden City Business License Application

PO Box 207 • 69 N. Paradise Parkway • Garden City, Utah 84028
www.gardencityut.us • 435-946-2901 • 435-946-8852 Fax

Business Status: <input checked="" type="checkbox"/> New Business (check all that apply) <input type="checkbox"/> Additional Location # _____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee: Business License Fee _____ Transient License Fee _____ Concessionaire Fee _____ Additional Location _____ Other _____ Beach Vendor License also requires a BCI background check
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Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date: _____
Town Council:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date: _____
Inspections: Building Insp.:	<input type="checkbox"/> Initial Date: _____	<input type="checkbox"/> Final Date: _____
Fire Inspection:	<input type="checkbox"/> Initial Date: _____	<input type="checkbox"/> Final Date: _____
TC Fire Exemption Approval:	<input type="checkbox"/> Approved	Initial: _____ Date: _____

Comments:

Zone: ☒ Commercial 1 2 3 ☐ Residential ☐ Beach Devel. ☐ Other _____

Business Name: DBA Sunrise Balsamic & Olive Oil

If name change, previous name: Nature N Stone LLC is the business entity it is under

Location Address: 65 W Logan Road #3

City, State & Zip: Garden City, Utah 84028

Business Phone: 435-828-7038

Cell Phone: 435-828-7038

Mailing Address: 1555 S 480 E

City, State & Zip: Naples, UT 84078

E-mail Address: cljudd@yahoo.com

Owners Name: Carol Judd

Owners Location: 1555 S 480 E

City, State & Zip: Naples, UT 84078

Phone: 435-828-7038

Cell Phone: 435-828-7038

Kind of Business: ☒ Retail ☐ Lodging ☐ Restaurant
☐ Professional ☐ Contractor ☐ Other

Briefly Describe Your Business: Olive Oil Balsamic Vinegars, Books, Gifts

Utah State Sales Tax Number: 10234858 003 ST

Ut State Professional License No.: ☐ ☐ ☐

Will you be installing a sign?: ☐ ☐ ☐

This is an application for a business license; the actual license will be issued only when all inspections/approvals are complete. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations.

I, We, Carol L Judd hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license and will not continue business without maintaining a valid license, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule. Business License Fees are non-refundable.

Owners Signature: Carol L Judd **Date:** February 6, 2023
 Please print your name: Carol L Judd

GARDEN CITY FIRE DISTRICT

P.O. BOX 248 145 WEST LOGAN ROAD

GARDEN CITY, UTAH 84028

PHONE/FAX (435) 946-3557

FIRE SAFETY INSPECTION REPORT

Business Name: SUNRISE BALSAMIC AND OLIVE OIL Inspection Date: 3-24-25

Business Address: 65 W. LOGAN RD Suite: #2 Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
ACCESS-				
1	<input checked="" type="checkbox"/> Maintain fire lane free of obstructions			/ /
2	<input checked="" type="checkbox"/> Provide address numbering which is visible from street			/ /
3	<input checked="" type="checkbox"/> Provide supra box for fire dept. access			
EXITING				
4	<input checked="" type="checkbox"/> Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	<input checked="" type="checkbox"/> Exit door to open without a key or any special knowledge or effort			
6	<input checked="" type="checkbox"/> Provide sign over main exit door(s)			/ /
7	<input checked="" type="checkbox"/> Repair non-operable exit door hardware			/ /
8	<input checked="" type="checkbox"/> Removed obstructions from door required to be closed			
9	<input checked="" type="checkbox"/> Remove locks & latches from doors with panic hardware			/ /
10	<input checked="" type="checkbox"/> Remove storage from attic, under-floor and concealed spaces			
11	<input checked="" type="checkbox"/> Provide/maintain exit sign/emergency lighting			/ /
FIRE EXTINGUISHERS				
12	<input checked="" type="checkbox"/> Have fire extinguisher serviced and tagged			/ /
13	<input checked="" type="checkbox"/> Provide/mount fire extinguisher as indicated			
14	<input checked="" type="checkbox"/> Provide clear access to fire extinguisher			/ /
15	<input checked="" type="checkbox"/> Post a sign indicating fire extinguisher location			
16	<input checked="" type="checkbox"/> Maintain 3 foot clearance for access/use of fire appliances/equipment			/ /
FIRE PROTECTION SYSTEMS				
17	<input checked="" type="checkbox"/> Secure all system control valves in the open position	PASSED		
18	<input checked="" type="checkbox"/> Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps			
19	<input checked="" type="checkbox"/> Provide annual certification for sprinkler/standpipe system			
20	<input checked="" type="checkbox"/> Provide sprinkler coverage in unprotected areas			
21	<input checked="" type="checkbox"/> Provide spare sprinkler heads and/or compatible wrench	1 st	/ /	
22	<input checked="" type="checkbox"/> Hood and duct extinguishing system to be serviced and tagged	2 nd	/ /	
23	<input checked="" type="checkbox"/> Remove grease from hood, duct, and filters (keep clean)			
FIRE ALARM SYSTEMS				
24	<input checked="" type="checkbox"/> Maintain, repair, inspect, and/or test fire alarm system	Refer to FPB	/ /	
FIRE SEPARATIONS				
25	<input checked="" type="checkbox"/> Repair holes in required fire resistive construction	3 rd	/ /	
26	<input checked="" type="checkbox"/> Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
ELECTRICAL				
27	<input checked="" type="checkbox"/> Discontinue use of extension cords	District attorney	/ /	
28	<input checked="" type="checkbox"/> Install permanent wiring for fixed or stationary appliance			
29	<input checked="" type="checkbox"/> Provide cover plates for all junction boxes	Final clearance	/ /	
30	<input checked="" type="checkbox"/> Remove exposed wiring or protect in approved conduit	<p>You are hereby notified to correct all violations immediately or show cause why you should not be required to re-inspection will be conducted after _____ days from the date of this notice. Willful failure to comply with this notice is a misdemeanor. Violations which are not corrected immediately and or remain after the re-inspection may be processed as a criminal offense. Thank you for your assistance and cooperation in minimizing the fire and life loss in your community.</p> <p style="text-align: center;">BY ORDER OF THE FIRE CHIEF</p> <p>SIGNATURE OF RECIPIENT:</p> <p>____ Owner ____ manager ____ employee ____ other</p>		
31	<input checked="" type="checkbox"/> Provide a clear work space at all electrical panels (30" in width, 36" in depth and 78" in height) Remove exposed wiring or protect in approved conduit			
32	<input checked="" type="checkbox"/> Labeling electrical rooms and breaker			
FLAMMABLE LIQUIDS - COMPRESSED GASES				
33	<input checked="" type="checkbox"/> Provide flammable liquid storage cabinet or reduce storage			
34	<input checked="" type="checkbox"/> Remove all fueled vehicles or equipment from buildings			
35	<input checked="" type="checkbox"/> Secure compressed gas cylinders			
STORAGE - HOUSEKEEPING				
36	<input checked="" type="checkbox"/> Arrange storage in an orderly manner to provide access/egress			
37	<input checked="" type="checkbox"/> Remove combustible storage from boiler, mechanical, or electrical rooms			
38	<input checked="" type="checkbox"/> Reduce storage to 24 " below ceiling or 18" from sprinkler heads			
39	<input checked="" type="checkbox"/> Provide approved metal container from oily rag storage			
40	<input checked="" type="checkbox"/> Remove waste & rubbish material from the premises daily			
41	<input checked="" type="checkbox"/> Keep dumpster 5 ' away from buildings			
42	<input checked="" type="checkbox"/> Clearance from ignition sources			
MISCELLANEOUS				
43	<input checked="" type="checkbox"/> Other violations and comments	<p>Inspecting Officer: </p> <p>FPB ____ COMPANY ____ Shift ____ Page ____ of ____</p>		
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				

DISTRIBUTION: WHITE TO FPR YELLOW TO OWNER/OCCUPANT PINK TO OWNER WITH FINAL CLEARANCE

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Sunrise Balsamic Olive Oil

Business Address: 65 W Logan Rd. #2 The Village

Inspection Date: 3-19-25

Inspector: Dan L. Kurek

OK. Dan L K

<input checked="" type="checkbox"/> ADDRESS MARKED	<input checked="" type="checkbox"/> PARKING MEETS CODE
<input checked="" type="checkbox"/> EMERGENCY LIGHTING	<input checked="" type="checkbox"/> EXIT LIGHTING/ SIGNS
<u>NA</u> SUPPRESSION SYSTEM	<input checked="" type="checkbox"/> FIRE EXTINGUISHER <i>April Renew</i>
<u>NA</u> ALARM SYSTEM	<u>NA</u> SPRINKLER SYSTEM
<input checked="" type="checkbox"/> PROPER INGRESS/ EGRESS	<input checked="" type="checkbox"/> ELECTRICAL PANEL LABELED
<input checked="" type="checkbox"/> NO OPEN ELECTRICAL BOXES	<u>NA</u> GUARD RAILS/ HAND RAILS
<input checked="" type="checkbox"/> HEALTH DEPARTMENT OK	<input type="checkbox"/> FIRE DEPARTMENT OK

ITEMS TO BE ADDRESSED

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Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Town Council:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Inspections: Building Insp.:	<input type="checkbox"/> Initial	Date: _____	<input type="checkbox"/> Final Date: _____
Fire Inspection:	<input type="checkbox"/> Initial	Date: _____	<input type="checkbox"/> Final Date: _____
TC Fire Exemption Approval:	<input type="checkbox"/> Approved	Initial: _____	Date: _____

Comments:

Zone: ☐ Commercial 1 2 3 ☐ Residential ☐ Beach Devel. ☐ Other _____

Business Name:	Clear Water Management, LLC DBA Bear Lake Pool and Spa
If name change, previous name:	_____
Location Address:	43 Jericho Loop, Bay 9
City, State & Zip:	Saint Charles, Idaho 83272
Business Phone:	208-244-6848
Cell Phone:	208-847-5843
Mailing Address:	P.O. Box 21
City, State & Zip:	Saint Charles, Idaho 83272
E-mail Address:	hello@bearlakepoolandspa.com

Owners Name:	Tyler Burbank	<i>Said 5/15/20</i> <i>partner - Spencer Bailey - owner</i>
Owners Location:	115 East 1st North	
City, State & Zip:	Paris, Idaho 83261	
Phone:	NA	
Cell Phone:	208-847-5843	

Kind of Business	<input type="checkbox"/> Retail	<input type="checkbox"/> Lodging	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Professional	<input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Other Certified Pool operator

Briefly Describe Your Business: Pool and Spa maintenance, cleaning, and service.

Utah State Sales Tax Number: 14526557-0160

Ut State Professional License No. ☐ National Certified Pool operator (CPO): WTP00001-Tylerburbank

Will you be installing a sign?: ☐ NO ☐

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I, We, Tyler Burbank hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license and will not continue business without maintaining a valid license, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule.

Business License Fees are non-refundable.

Owners Signature: Tyler Burbank Date: 3/3/2025

Please print your name: Tyler Burbank



Garden City Fire District

P.O. Box 248, Garden City, Utah

(435) 994-2460

gardencityfiredistrict@gmail.com

EXEMPTION FOR PERSONAL BUSINESS FIRE INSPECTION

After having been reviewed by the Garden City Fire District Fire Chief, it has been determined that the business belonging to SPENCER BAILEY, and doing business as BEAR LAKE POOL AND SPA, and located at 43 Jarvis Loop St. Charles, ID 83272, is exempt from requiring an annual fire safety inspection due to little or no public access to the place of business, and the said address being a private residence that is not being used for public interaction, and not having employees other than the owner(s) of said business.

It may further be understood that the owner of said business has requested that they be exempted from the annual fire safety inspection and by signing this document do so of their own free will and hold Garden City Fire District and Garden City harmless in the event of a Fire/EMS related emergency that could have been avoided by an inspection by the Fire Chief or one of his authorized representatives.

Business owner:

Date:

3/12/25

Fire District Chief:

Date:

3/12/25

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Business Status: (check all that apply) <input checked="" type="checkbox"/> New Business <input type="checkbox"/> Additional Location # _____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee:	Business License Fee	110.00
		Transient License Fee	_____
		Concessionaire Fee	_____
		Additional Location	_____
		Other	_____
	Beach Vendor License also requires a BCI background check		

Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____	
Town Council:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____	
Inspections: Building Insp.:	<input type="checkbox"/> Initial	Date: _____	<input type="checkbox"/> Final	Date: _____
Fire Inspection:	<input type="checkbox"/> Initial	Date: _____	<input type="checkbox"/> Final	Date: _____
TC Fire Exemption Approval:	<input type="checkbox"/> Approved	Initial: _____	Date: _____	

Comments:

Zone: ☐ Commercial 1 2 3 ☒ Residential ☐ Beach Devel. ☐ Other _____

Business Name: J2RIC Technical Services LLC

If name change, previous name: _____

Location Address: 509 W Raspberry Patch Rd

City, State & Zip: Garden City, UT 84028

Business Phone: (435) 565-2523

Cell Phone: (435) 565-2523

Mailing Address: PO Box 605

City, State & Zip: Garden City, UT 84028

E-mail Address: wintergang@gmail.com

Owners Name: Cindy Winter

Owners Location: 509 W Raspberry Patch Rd

City, State & Zip: Garden City, UT 84028

Phone: (435) 565-2523

Cell Phone: (435) 565-2523

Kind of Business ☐ Retail ☐ Lodging ☐ Restaurant
☐ Professional ☒ Contractor ☐ Other

Briefly Describe Your Business: Service business providing cleaning services for Short-term Rental companies.


Utah State Sales Tax Number: 13716088004 STC

Ut State Professional License No. ☐ Yes ☒ No

Will you be installing a sign?: ☐ Yes ☒ No

This is an application for a business license; the actual license will be issued only when All inspections/Approvals are complete. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations.

I, We, J2RIC Technical Services, LLC hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license and will not continue business without maintaining a valid license, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule. Business License Fees are non-refundable.

Owners Signature:  **Date:** 10/1/24

Please print your name: Cindy Winter



Garden City Fire District

P.O. Box 248, Garden City, Utah

(435) 994-2460

gardencityfiredistrict@gmail.com

EXEMPTION FOR PERSONAL BUSINESS FIRE INSPECTION

After having been reviewed by the Garden City Fire District Fire Chief, it has been determined that the business belonging to JEFF WINTER, and doing business as JZ RIC, and located at 509 RASPBERRY PATCH RD., is exempt from requiring an annual fire safety inspection due to little or no public access to the place of business, and the said address being a private residence that is not being used for public interaction, and not having employees other than the owner(s) of said business.

It may further be understood that the owner of said business has requested that they be exempted from the annual fire safety inspection and by signing this document do so of their own free will and hold Garden City Fire District and Garden City harmless in the event of a Fire/EMS related emergency that could have been avoided by an inspection by the Fire Chief or one of his authorized representatives.

Business owner: _____

Date: _____

Fire District Chief: _____

Date: ~~12-16-24~~ 12-16-24

Garden City Business License Application

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Business Status: (check all that apply) <input checked="" type="checkbox"/> New Business <input type="checkbox"/> Additional Location # ____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee: Business License Fee _____ Transient License Fee _____ Concessionaire Fee _____ Additional Location _____ Other _____ Beach Vendor License also requires a BCI background check
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Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Town Council:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Inspections: Building Insp.:	<input type="checkbox"/> Initial Date: _____	<input type="checkbox"/> Final Date: _____	
Fire Inspection:	<input type="checkbox"/> Initial Date: _____	<input type="checkbox"/> Final Date: _____	
TC Fire Exemption Approval:	<input type="checkbox"/> Approved	Initial: _____	Date: _____

Comments:

Zone: ☐ Commercial 1 2 3 ☐ Residential ☐ Beach Devel. ☐ Other _____

Business Name:	Prime Properties Management
If name change, previous name:	
Location Address:	134 N Main Street
City, State & Zip:	Alpine, UT 35068
Business Phone:	801-473-5254
Cell Phone:	
Mailing Address:	134 N Main Street
City, State & Zip:	Alpine, UT 35068
E-mail Address:	sloane@primeproperties.rentals
Owners Name:	Brandon Maughan & Jake Barnes
Owners Location:	134 N Main Street
City, State & Zip:	Alpine, UT 35068
Phone:	801-836-7465
Cell Phone:	

Kind of Business	<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Lodging	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Professional	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other

Briefly Describe Your Business: In essence, short-term rentals involve leasing out furnished accommodations for a brief period, often ranging from a few nights to several weeks.

Utah State Sales Tax Number: 15674971-002-STC

Ut State Professional License No. ☐ ☐ ☐

Will you be installing a sign?: ☒ ☐ ☐

This is an application for a business license; the actual license will be issued only when All inspections/Approvals are complete. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations.

I, We, Sloane Maughan hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license and will not continue business without maintaining a valid license, in doing so, I will be subject to a penalty as stipulated by the Garden City Infraction Fee Schedule.

Business License Fees are non-refundable.

Owners Signature:  Date: 3/13/2025

Please print your name:



Garden City Fire District

P.O. Box 248, Garden City, Utah

(435) 994-2460

gardencityfiredistrict@gmail.com

EXEMPTION FOR PERSONAL BUSINESS FIRE INSPECTION

After having been reviewed by the Garden City Fire District Fire Chief, it has been determined that the business belonging to SLOANE MAUGHAN, and doing business as PRIME PROPERTIES, and located at _____, is exempt from requiring an annual fire safety inspection due to little or no public access to the place of business, and the said address being a private residence that is not being used for public interaction, and not having employees other than the owner(s) of said business.

It may further be understood that the owner of said business has requested that they be exempted from the annual fire safety inspection and by signing this document do so of their own free will and hold Garden City Fire District and Garden City harmless in the event of a Fire/EMS related emergency that could have been avoided by an inspection by the Fire Chief or one of his authorized representatives.

Business owner: _____

Date: _____

Fire District Chief: [Signature]

Date: 4-7-25