

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

pay by check

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 \$110.00 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:	The IronHorse Inn
If name change, previous name:	
Location Address:	219 so bear lake blvd
City, State & Zip:	garden city, utah, 84028
Business Phone:	
Cell Phone:	208-520-5156
Mailing Address:	po box 114
City, State & Zip:	garden city, utah, 84028
E-mail Address:	beartrapper@cut.net
Owners Name:	bret & jenny england
Owners Location:	2146 so valleyview
City, State & Zip:	garden city, utah, 84028
Phone:	
Cell Phone:	208-520-5156

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: 10 individual 3 bedroom cabins for transient nightly rental , i.e. motel

Utah State Sales Tax Number: 15668377-002-STR

Ut State Professional License No. ☐ ☐

Will you be installing a sign?: ☐ ☐ yes

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, bret england 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: [Signature] Date: 18 april 2024

Please print your name: bret england

10-UNITS
INSPECTED

ONE FORM
TO SAVE PAPER

fire insp.

Bldg. insp.

~~Short Term Rental Inspection Form~~

Owner/responsible party THE IRON HORSE INN

Date 4-30-25

Address 219 S. BEAR LAKE BLVD

Suite/Apt# #1-10

Access

☒ Maintain fire lane free of obstruction

☒ Provide address numbers visible from the street

Fire Extinguishers

☒ Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette

☒ Mount fire extinguishers in plain view and access of kitchen

(may be mounted behind closet or cabinet door with placard on door)

☒ Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

☒ Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms

☒ One CO detector installed for each level of the home

☒ Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

☒ Label electrical panel box breakers

☒ Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords

☒ No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

☒ No obvious safety hazards determined at the discretion of the inspecting officer

I certify that all items on this list are in compliance with National, State, and Local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District. Pass ☒ Fail ☐

Inspected by: [Signature]

Title: _____

Date: _____

Items that need to be corrected:



TEMPORARY CERTIFICATE OF OCCUPANCY

The described work at the location below has been completed and occupancy is permitted by the Building Inspector. This structure was in compliance with the various ordinances of Garden City and the applicable International Building, Commercial, Residential, Plumbing, Mechanical, or Electrical Code.

Permit No:	2023085	Issued Date:	05/22/2024
Address:	219 S Bear Lake Blvd	Expiration Date:	09/08/2025
City/State/Zip:	GARDEN CITY, UT 84028	Conditions:	cabin 10 ADA requirements
Parcel #:	41-21-400-0220	Description:	10 cabins 16'x32', 2 floors = 1024 sq ft x 10 R1 Occup. -Struct Code VB 2" water line? - See NOTE
Owner:	MAIKAI HORIZONS, INC	Sprinkler System:	No
Address:	PO BOX 114		
City/State/Zip:	GARDEN CITY, UT 84028-		
Phone:			

I, Dan Kurek, am the person whose name is subscribed to this instrument and acknowledge that I executed the same.

Town of Garden City Building Official

05/02/2025

Date

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Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
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TC Fire Exemption Approval:	<input type="checkbox"/> Approved		Initial: _____ Date: _____

Comments:

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

Business Name:	Mineral and Matter LLC
If name change, previous name:	_____
Location Address:	70 W Logan Rd
City, State & Zip:	Garden City, UT 84028
Business Phone:	801-916-7987
Cell Phone:	801-916-7987
Mailing Address:	177 E 900 S Suite C
City, State & Zip:	Salt Lake City, UT 84111
E-mail Address:	info@mineralandmatter.com
Owners Name:	Stacey Foster
Owners Location:	315 N Talisman Dr
City, State & Zip:	Salt Lake City, UT 84116
Phone:	801-916-7987
Cell Phone:	801-916-7987

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

Briefly Describe Your Business: Jewelry and gift store

Utah State Sales Tax Number: 13283391-005-STC It may say Mineral Plus Matter (when I started it was with a + sign)

Utah State Professional License No. ☐ ☐ ☐

Will you be installing a sign?: ☒ ☐ ☐

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I, We, MineralandMatter/StaceyFoster 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: Stacey Foster Date: 5/15/25

Please print your name: Stacey Foster

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Mineral + Matter

Business Address: 70 W Logan RD Suite A

Inspection Date: May 29, 2025

Inspector: Chris Kurek

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

ITEMS TO BE ADDRESSED

Emergency Exit Light Sign

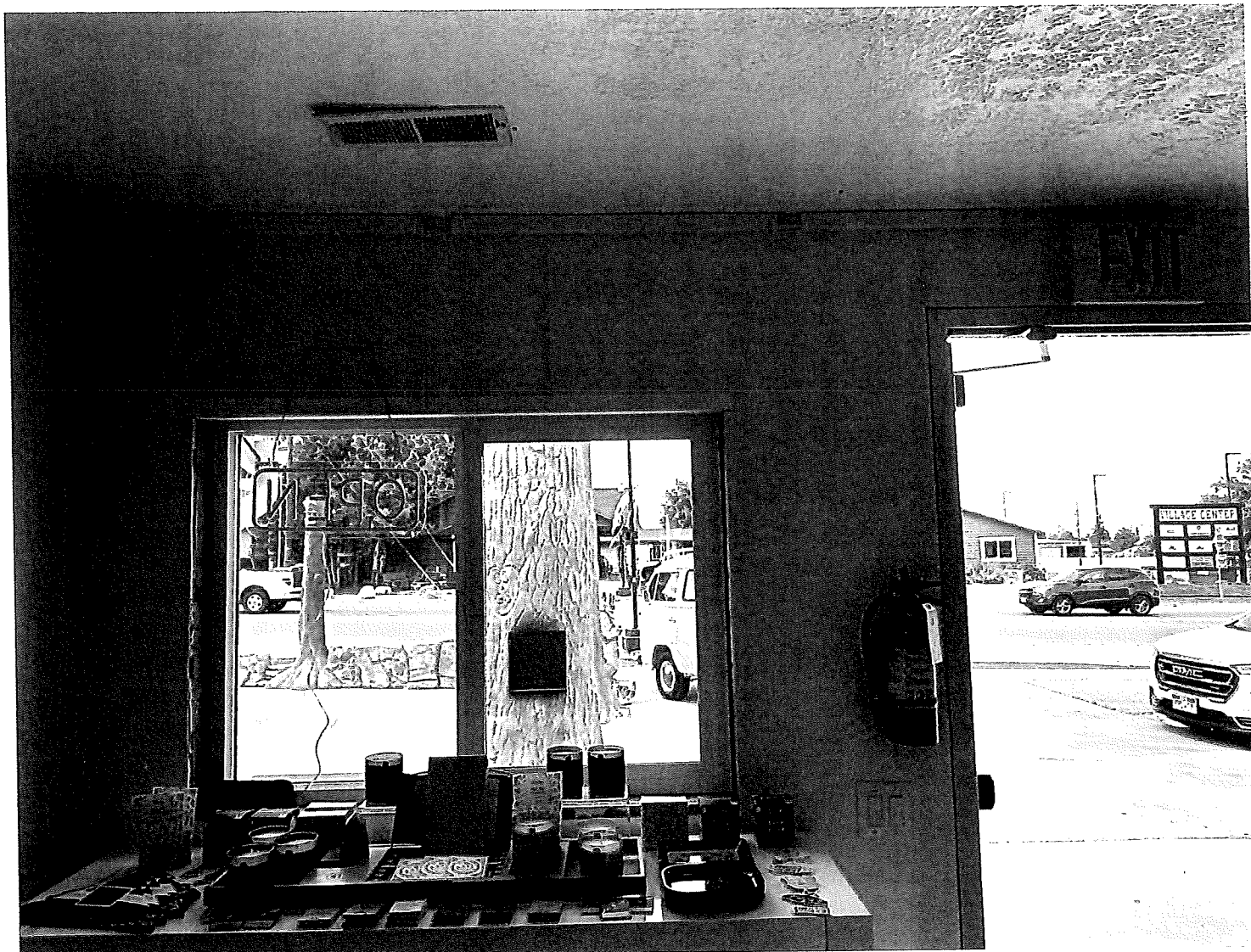
Smoke alarms

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Phone: (435) 946-2901 • Fax (435) 946-8852

Email: townofgardenclty@gmail.com • Website: www.gardencityut.us





Tyler did BI
waiting on mite w.

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Comments:

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

Business Name:	Mason Ventures Partnership DBA Lakeview Laundry
If name change, previous name:	_____
Location Address:	325 W Logan Rd Ste 100
City, State & Zip:	Garden City, UT 84028
Business Phone:	435-740-6162
Cell Phone:	801-885-2998
Mailing Address:	PO Box 604
City, State & Zip:	Garden City, UT 84028
E-mail Address:	contact@lakeviewlaundry.com
Owners Name:	Matthew Mason
Owners Location:	2599 Foxridge Rd
City, State & Zip:	Garden City, UT 84028
Phone:	_____
Cell Phone:	801-885-2998

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

Briefly Describe Your Business: Laundromat - Wash & Fold service for STR Property Managers and Cleaners

Utah State Sales Tax Number: _____

Ut State Professional License No. ☐ ☒

Will you be installing a sign?: ☒ ☐

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I, We, Lakeview Laundry 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: Matthew Mason **Date:** 01/23/2025 05/23/2025

Please print your name: Matthew Mason

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: LAKEVIEW LAUNDRY Inspection Date: 5-23-25

Business Address: 325 W. LOGAN RD. Suite: _____ Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared														
ACCESS-																		
1	<input checked="" type="checkbox"/> Maintain fire lane free of obstructions		PASSED INSPECTION, BUT ALL INTERIOR WORK IS NOT DONE YET.	/ /														
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.		I WILL RE-INSPECT BY JUNE 6TH	/ /														
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"/> Remove 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 W/ 2 WEEK RE-INSPECTION TO VERIFY COMPLIANCE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Re-inspection dates</th> <th>Inspector</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>/ /</td> </tr> <tr> <td>2nd</td> <td>/ /</td> </tr> <tr> <td>3rd</td> <td>/ /</td> </tr> <tr> <td>Hearing</td> <td>/ /</td> </tr> <tr> <td>District attorney</td> <td>/ /</td> </tr> <tr> <td>Final clearance</td> <td>/ /</td> </tr> </tbody> </table>			Re-inspection dates	Inspector	1 st	/ /	2 nd	/ /	3 rd	/ /	Hearing	/ /	District attorney	/ /	Final clearance	/ /
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1 st	/ /																	
2 nd	/ /																	
3 rd	/ /																	
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District attorney	/ /																	
Final clearance	/ /																	
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																	
22	<input checked="" type="checkbox"/> Hood and duct extinguishing system to be serviced and tagged																	
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																	
FIRE SEPARATIONS																		
25	<input checked="" type="checkbox"/> Repair holes in required fire resistive construction																	
26	<input checked="" type="checkbox"/> Provide/repair self or automatic closing fire rated assemblies																	
ELECTRICAL																		
27	<input checked="" type="checkbox"/> Discontinue use of extension cords																	
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																	
30	<input checked="" type="checkbox"/> Remove exposed wiring or protect in approved conduit																	
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	<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> <p>Inspecting Officer: _____</p> <p>FPB ____ COMPANY ____ Shift ____ Page ____</p>																
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																	
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE																		

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

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Laundry Lakeview

Business Address: May 29, 2025 315 W. Lagoon RD

Inspection Date: _____

Inspector: Chap Kuck

<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
<input checked="" type="checkbox"/> SUPPRESSION SYSTEM	<input checked="" type="checkbox"/> FIRE EXTINGUISHER
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ITEMS TO BE ADDRESSED

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