

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: (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 <u>\$110.00</u> 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:	<input checked="" type="checkbox"/> Commercial 1 2 3 <input type="checkbox"/> Residential <input type="checkbox"/> Beach Devel. <input type="checkbox"/> 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:	208-520-5156
Cell Phone:	
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: Bret G. England

Date: 18 april 2024

Please print your name: bret england

10-UNITS
INSPECTED

ONE FORM
TO
SAVE PAPER

Fire insp

Build. 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# #1-70

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: 

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

Garden City
Business License Application

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		\$110 <i>PA</i> <i>5-26-25</i>

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			

Comments:

Zone:	<input checked="" type="checkbox"/> Commercial 1 2 3	<input type="checkbox"/> Residential	<input type="checkbox"/> Beach Devel.
			<input type="checkbox"/> Other

Business Name:	Mineral and Matter LLC		
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If name change, previous name:	_____		
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Location Address:	70 W Logan Rd		
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City, State & Zip:	Garden City, UT 84028		
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Business Phone:	801-916-7987		
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Cell Phone:	801-916-7987		
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Mailing Address:	177 E 900 S Suite C		
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City, State & Zip:	Salt Lake City, UT 84111		
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E-mail Address:	info@mineralandmatter.com		
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Owners Name:	Stacey Foster		
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Owners Location:	315 N Talisman Dr		
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City, State & Zip	Salt Lake City, UT 84116		
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Phone:	801-916-7987		
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Cell Phone:	801-916-7987		
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Kind of Business	<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Lodging	<input type="checkbox"/> Restaurant
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	<input type="checkbox"/> Professional	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
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Briefly Describe Your Business:	Jewelry and gift store		
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Utah State Sales Tax Number:	13283391-005-STC It may say Mineral Plus Matter (when I started it was with a + sign)		
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Utah State Professional License No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Will you be installing a sign?:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 Kunk

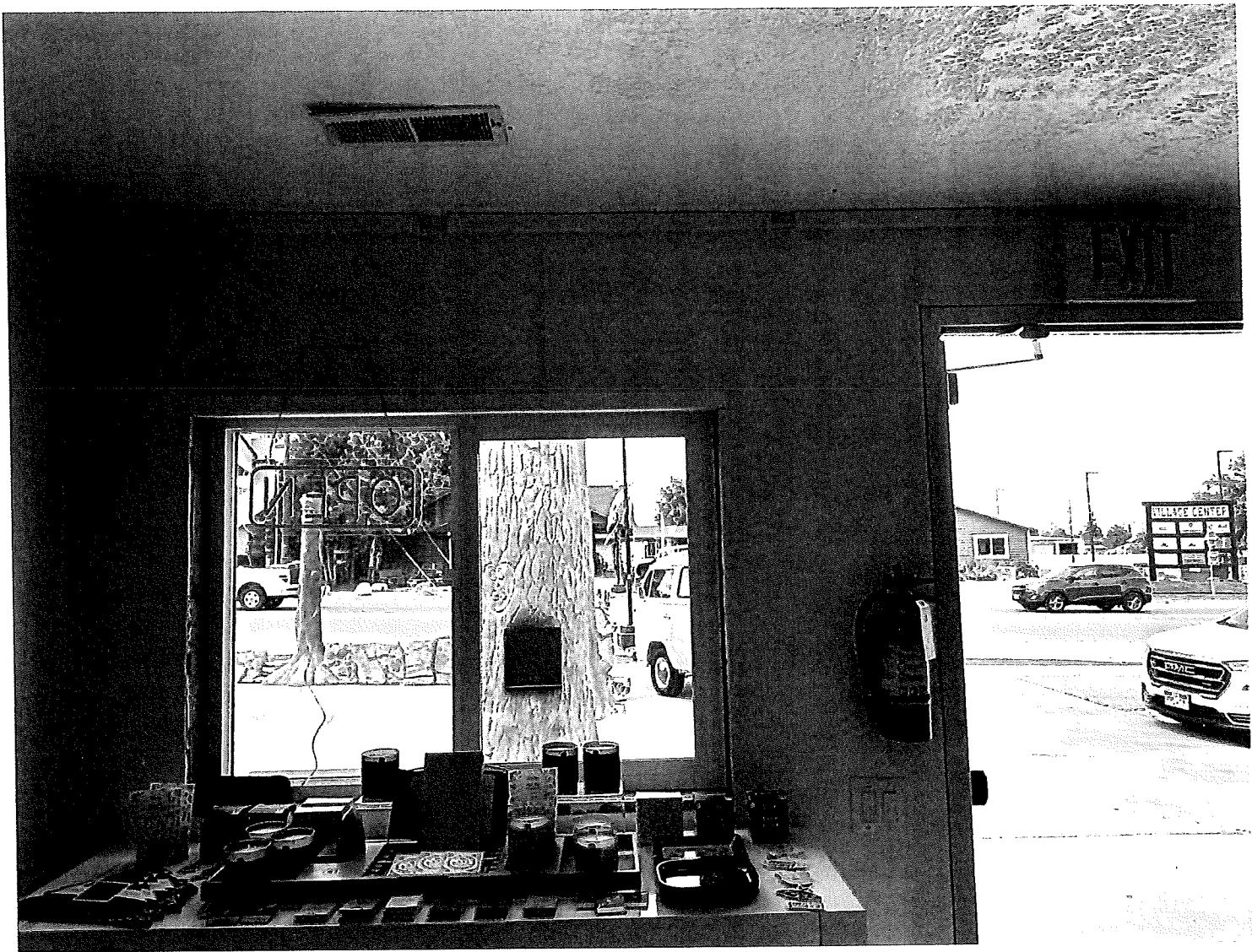
<input checked="" type="checkbox"/> ADDRESS MARKED	<input checked="" type="checkbox"/> PARKING MEETS CODE
<input type="checkbox"/> EMERGENCY LIGHTING	<input type="checkbox"/> EXIT LIGHTING/ SIGNS
<input type="checkbox"/> SUPPRESSION SYSTEM	<input checked="" type="checkbox"/> FIRE EXTINGUISHER
<input type="checkbox"/> ALARM SYSTEM	<input 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 type="checkbox"/> GUARD RAILS/ HAND RAILS
<input type="checkbox"/> HEALTH DEPARTMENT OK	<input checked="" type="checkbox"/> FIRE DEPARTMENT OK

ITEMS TO BE ADDRESSED

Emergency Exit Light sign

Smoke alarms





Tyler did BI
waiting on Mike W.

Garden City
Business License Application

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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:	<input checked="" type="checkbox"/> Commercial 1 2 3		<input type="checkbox"/> Residential	<input type="checkbox"/> Beach Devel.	<input type="checkbox"/> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Will you be installing a sign?:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

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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: 07/23/2025 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		<i>PASSES INSPECTION, BUT</i>	/ /
2	<input checked="" type="checkbox"/> Provide address numbering which is visible from street		<i>ALL INTERIOR WORK IS / /</i>	
3	<input checked="" type="checkbox"/> Provide supra box for fire dept. access		<i>NOT DONE YET.</i>	
	EXITING			
4	<input checked="" type="checkbox"/> Remove obstructions at exits, doors, aisles, corridors, stairways, etc.		<i>I WILL RE-INSPECT</i>	/ /
5	<input checked="" type="checkbox"/> Exit door to open without a key or any special knowledge or effort		<i>By JUNE 6TH</i>	
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		<i>PASSED w/ 2 week</i>	
18	<input checked="" type="checkbox"/> Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps		<i>RE-INSPECTION TO VERIFY COMPLIANCE</i>	
19	<input checked="" type="checkbox"/> Provide annual certification for sprinkler/standpipe system		Re-inspection dates	Inspector
20	<input checked="" type="checkbox"/> Provide sprinkler coverage in unprotected areas	1 st	/ /	
21	<input checked="" type="checkbox"/> Provide spare sprinkler heads and/or compatible wrench	2 nd	/ /	
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	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	Final clearance	/ /	
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	You are hereby notified to correct all violations		
34	<input checked="" type="checkbox"/> Remove all fueled vehicles or equipment from buildings	immediately or show cause why you should not be required to		
35	<input checked="" type="checkbox"/> Secure compressed gas cylinders	re-inspection will be conducted after _____ days from		
	STORAGE - HOUSEKEEPING	the date of this notice. Willful failure to comply with		
36	<input checked="" type="checkbox"/> Arrange storage in an orderly manner to provide access/egress	this notice is a misdemeanor. Violations which are not		
37	<input checked="" type="checkbox"/> Remove combustible storage from boiler, mechanical, or electrical rooms	corrected immediately and or remain after the		
38	<input checked="" type="checkbox"/> Reduce storage to 24 " below ceiling or 18" from sprinkler heads	re-inspection may be processed as a criminal offense.		
39	<input checked="" type="checkbox"/> Provide approved metal container from oily rag storage	Thank you for your assistance and cooperation in		
40	<input checked="" type="checkbox"/> Remove waste & rubbish material from the premises daily	minimizing the fire and life loss in your community.		
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				
SIGNATURE OF RECIPIENT:				
Owner _____ manager _____ employee _____ other _____				
Inspecting Officer: _____ FPB _____ COMPANY _____ Shift _____ Page _____				

DISTRIBUTION: WHITE TO FPR YELLOW TO OWNFR/OCCUPANT

PINK TO OWNER WITH FINAL FINANCIAL

Welcome to
Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Laundry Lakeview

Business Address: May 29, 2025 315 W Logan RD

Inspection Date: _____

Inspector: Chaz Ruck

<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
<input checked="" 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
