

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: (check all that apply) <ul style="list-style-type: none"> <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: <table style="width: 100%;"> <tr><td>Business License Fee</td><td>_____</td></tr> <tr><td>Transient License Fee</td><td>_____</td></tr> <tr><td>Concessionaire Fee</td><td>_____</td></tr> <tr><td>Additional Location</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td></tr> </table>	Business License Fee	_____	Transient License Fee	_____	Concessionaire Fee	_____	Additional Location	_____	Other	_____
Business License Fee	_____										
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: Vista

If name change, previous name: _____

Location Address: _____

City, State & Zip: _____

Business Phone: 770-595-2950

Cell Phone: 770-595-2950

Mailing Address: 13796 S farm vista Ln

City, State & Zip: Draper, Utah 84020

E-mail Address: X Barrett@Vista.net

Owners Name: McKay Nielsen

Owners Location: 13796 S farm vista Ln

City, State & Zip: Draper, Utah 84020

Phone: 801-232-0442

Cell Phone: 801-232-0442

Kind of Business ☐ Retail ☒ Lodging ☐ Restaurant

☐ Professional ☐ Contractor ☐ Other

Briefly Describe Your Business: Short term vacation management

Utah State Sales Tax Number: _____

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, Vista 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: Barrett Ohman **Date:** 6-12-25

Please print your name: Barrett Ohman



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 BARRETT OHMAN,

and doing business as VISTAY, and located at ~~13796 FARM VISTA LN. DRAPER, UT.~~ 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: 6-12-25

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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: _____
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TC Fire Exemption Approval:	<input type="checkbox"/> Approved	Initial: _____	Date: _____

Comments:

Zone:	<input type="checkbox"/> Commercial 1 2 3	<input type="checkbox"/> Residential	<input type="checkbox"/> Beach Devel.	<input type="checkbox"/> Other _____
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Business Name:	Donut Bros. LLC
If name change, previous name:	
Location Address:	201 N Bear Lake Blvd
City, State & Zip:	Garden City, UT 84028
Business Phone:	2085300997
Cell Phone:	
Mailing Address:	201 N Bear Lake Blvd
City, State & Zip:	Garden City, Utah 84028
E-mail Address:	donutbrosut@gmail.com
Owners Name:	Rueben Barela
Owners Location:	[REDACTED]
City, State & Zip:	[REDACTED]
Phone:	[REDACTED]
Cell Phone:	

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

Briefly Describe Your Business: We serve fresh, Mini Donuts and Chocolate Strawberries in a cup, & Ice Cream

Utah State Sales Tax Number: Pending Number (waiting for email)

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, Rueben S Barela 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: 4/19/25

Please print your name: Rueben S Barela





10:47



bus25-119.pdf



GARDEN CITY FIRE DISTRICT

P.O. BOX 248 145 WEST LOGAN ROAD

GARDEN CITY, UTAH 84028

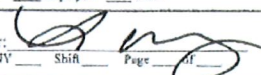
PHONE/FAX (435) 946-3557

FIRE SAFETY INSPECTION REPORT

Business Name: DONUT BROS. Inspection Date: 5-12-25Business Address: 201 N. BEAR LAKE BLVD. Suite: _____ Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
	ACCESS-			/ /
1	Maintain fire lane free of obstructions			/ /
2	Provide address numbering which is visible from street			/ /
3	Provide supra box for fire dept. access			/ /
	EXITING			/ /
4	Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	Exit door to open without a key or any special knowledge or effort			/ /
6	Provide sign over main exit door(s)			/ /
7	Repair non-operable exit door hardware			/ /
8	Remove obstructions from door required to be closed			/ /
9	Remove locks & latches from doors with panic hardware			/ /
10	Remove storage from attic, under-floor and concealed spaces			/ /
11	Provide/maintain exit sign/emergency lighting			/ /
	FIRE EXTINGUISHERS			/ /
12	Have fire extinguisher serviced and tagged			/ /
13	Provide/mount fire extinguisher as indicated			/ /
14	Provide clear access to fire extinguisher			/ /
15	Post a sign indicating fire extinguisher location			/ /
16	Maintain 3 foot clearance for access/use of fire appliances/equipment			/ /
	FIRE PROTECTION SYSTEMS			/ /
17	Secure all system control valves in the open position			/ /
18	Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps			/ /
19	Provide annual certification for sprinkler/standpipe system	Re-inspection dates	Inspector	
20	Provide sprinkler coverage in unprotected areas	1 st	/ /	
21	Provide spare sprinkler heads and/or compatible wrench	2 nd	/ /	
22	Hood and duct extinguishing system to be serviced and tagged	3 rd	/ /	
23	Remove grease from hood, duct, and filters (keep clean)	Refer to FPB	/ /	
	FIRE ALARM SYSTEMS			/ /
24	Maintain, repair, inspect, and/or test fire alarm system	Hearing	/ /	
	FIRE SEPARATIONS			/ /
25	Repair holes in required fire resistive construction	District attorney	/ /	
26	Provide/repair self or automatic closing fire rated assemblies	Final clearance	/ /	
	ELECTRICAL			/ /
27	Discontinue use of extension cords			/ /
28	Install permanent wiring for fixed or stationary appliance			/ /
29	Provide cover plates for all junction boxes			/ /
30	Remove exposed wiring or protect in approved conduit			/ /
31	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	Labeling electrical rooms and breaker			/ /

PASSED

FLAMMABLE LIQUIDS - COMPRESSED GASES		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.
33	Provide flammable liquid storage cabinet or reduce storage	
34	Remove all fueled vehicles or equipment from buildings	
35	Secure compressed gas cylinders	
STORAGE - HOUSEKEEPING		
36	Arrange storage in an orderly manner to provide access/egress	BY ORDER OF THE FIRE CHIEF SIGNATURE OF RECIPIENT: _____ _____ Owner _____ manager _____ employee _____ other
37	Remove combustible storage from boiler, mechanical, or electrical rooms	
38	Reduce storage to 24" below ceiling or 18" from sprinkler heads	
39	Provide approved metal container from oily rag storage	
40	Remove waste & rubbish material from the premises daily	
41	Keep dumpster 5' away from buildings	Inspecting Officer:  FPD _____ COMPANY _____ Shift _____ Page _____ of _____
42	Clearance from ignition sources	
MISCELLANEOUS		
43	Other violations and comments	
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: Donut Bro's

Business Address: 201 N Bear Lake Blvd

Inspection Date: June 4 + June 12, 2025

Inspector: Chase + Dan Kuek

<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 type="checkbox"/> HEALTH DEPARTMENT OK	<input checked="" 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:	<input type="checkbox"/> Commercial 1 2 3	<input type="checkbox"/> Residential	<input type="checkbox"/> Beach Devel.	<input type="checkbox"/> Other _____
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Business Name:	CYBER TAXI TRANSPORTATION
If name change, previous name:	
Location Address:	2300 Kimball Ln
City, State & Zip:	Garden City, UT. 84028
Business Phone:	801-603-5555
Cell Phone:	801-603-5555
Mailing Address:	P.O. Box 2685
City, State & Zip:	Park City, UT. 84060
E-mail Address:	constableed123@gmail.com
Owners Name:	Shane Constable
Owners Location:	[REDACTED]
City, State & Zip:	[REDACTED]
Phone:	[REDACTED]
Cell Phone:	801-603-5555

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:	UBER LYFT "UBER Premier" "LYFT Black", TAXI, Ground Transportation, Airport Shuttle
Utah State Sales Tax Number:	1455-4111-0160

Ut State Professional License No.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will you be installing a sign?:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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I, We, Shane Constable 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: Shane Constable Date: 6/24/25
Please print your name:

UTAH DRIVER LICENSE

40 DLN [REDACTED] 40 EXP [REDACTED]
40 DOB [REDACTED] 40 ISS [REDACTED]

1 **CONSTABLE**
2 **SHANE EDWARD**

3 **580 MAIN STREET**
4 **PARK CITY, UT 84060**

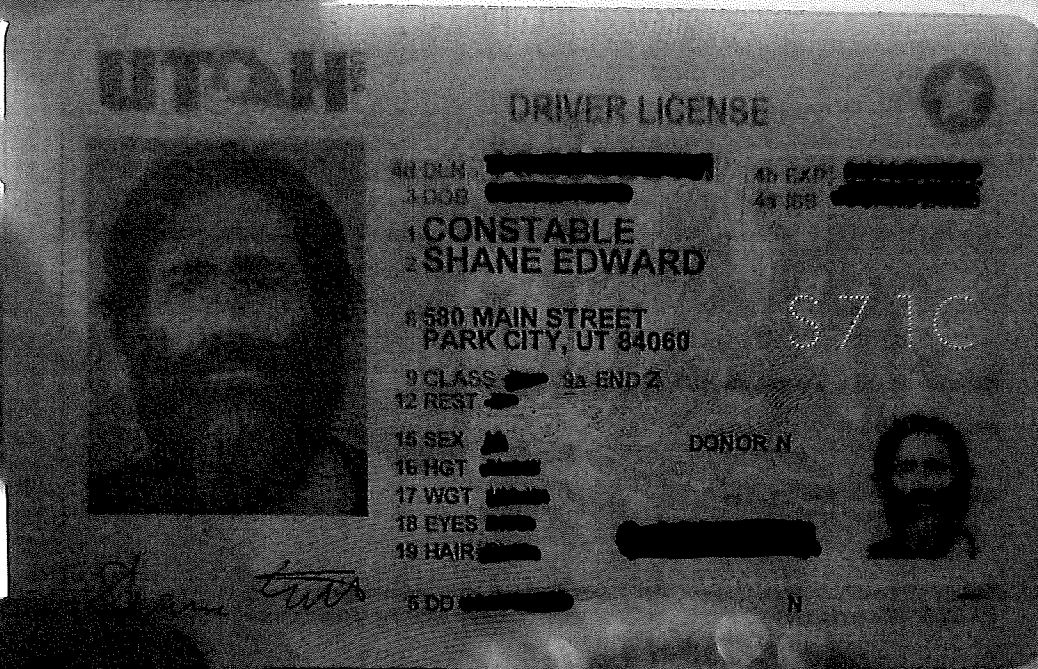
5 **CLASS** [REDACTED] 9a **END Z**
12 **REST** [REDACTED]

15 **SEX** [REDACTED] **DONOR N**
16 **HGT** [REDACTED]
17 **WGT** [REDACTED]
18 **EYES** [REDACTED]
19 **HAIR** [REDACTED]

5 DOB [REDACTED] N

Shane Edwards

871C





SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

ADAM WATSON
Division Director

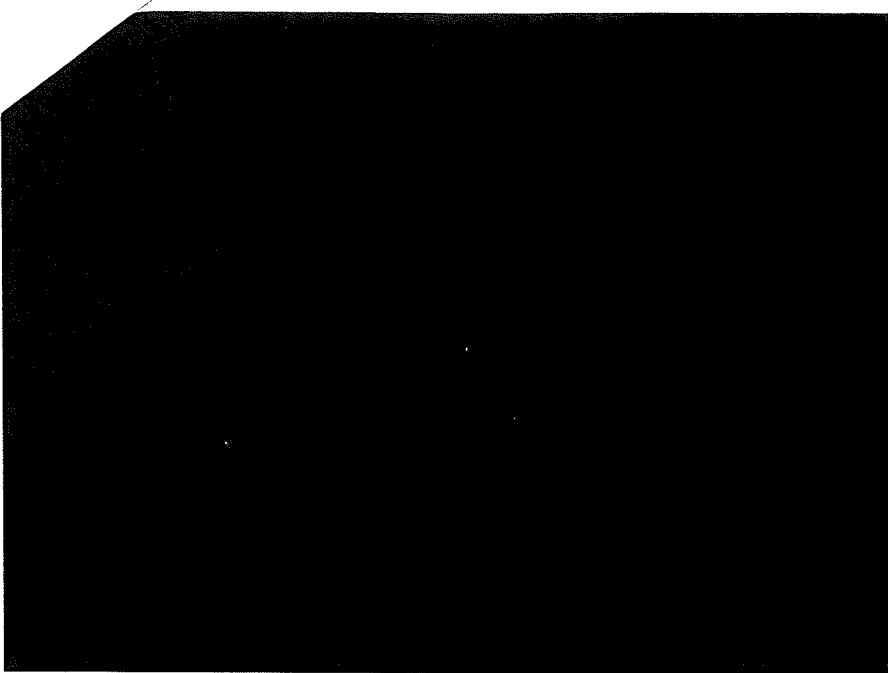
03/22/2025

Filing Type	Assumed Name (DBA) - Certificate of Assumed and of True Name		
Filing/EffectiveDate	3/22/2025 12:00:00 AM effective, 3/22/2025 1:00:00 PM		
Entity Name	Cybertaxi Transportation		
Entity Number	XXXXXXXXXX	Entity Status	Active Current

The Assumed Name (DBA) Certificate of Assumed and of True Name for Cybertaxi Transportation was/were filed with the Utah Division of Corporations and Commercial Code on 03/22/2025, effective 03/22/2025.

Reference Information:

Work Order Item #	Tracking/Filing #	Submitter Name	Submitter Number
W20250322487695 - 374403	250331292134B	LeiAnn s Bathemess	33068



UTAH INSURANCE CARD

INSURED **CONSTABLE, SHANE** MUTL
VOL
 POLICY NUMBER [REDACTED] EFFECTIVE
 YR **2024** MAKE **TESLA** **FEB 17 2025 TO AUG 17 2025**
 MODEL **CYBERTRUCK** VIN [REDACTED]
 AGENT **LEILA SANC ALBINO** **2CCB-BB8**
 PHONE **(801)790-0809** NAIC **25178**

A BODILY INJURY/PROPERTY DAMAGE LIABILITY
P1 PERSONAL INJURY PROTECTION
D 1000 DEDUCT COMPREHENSIVE
G 1000 DEDUCT COLLISION
H, R1, U, W



Submitter Name: LeiAnn s Bathemess
Submitter ID: 33068
Submitter Address: 1286 E Woodridge Circle UT 84121
Submitter Email: leiann@e-pano.com

Date/time: March 22, 2025
Receipt Version: 2

Receipt Summary

Total Transaction Fees: \$22.00
Total Payment Received: \$22.00

Receipt Details

Fees

Description / Transaction Type	Reference #	Work Order #	Filing Status	Filing Fees
Certificate of Assumed and of True Name - Cybertaxi Transportation	250331292134B	W20250322487695	Approved	\$22.00
Total				\$22.00

Payment Information

Payment Type	Payment Details	Amount
Credit Card	67DF0D282B32EB2100001F9A000164	\$22.00
Total		\$22.00

Submitter Account Information

WorkOrder #	Submitter ID	Submitter Name
W20250322487695	33068	LeiAnn s Bathemess

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
Lic. for
food truck

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 <input checked="" type="checkbox"/> 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 Donut Dude & Delights Lt Tater (D.)
If name change, previous name:	_____
Location Address:	105 West Legon Rd
City, State & Zip:	Garden City, UT, 84028
Business Phone:	208-705-3920
Cell Phone:	208-705-3920
Mailing Address:	2845 Vollmer Loop
City, State & Zip:	American Falls, ID, 83211
E-mail Address:	Brysonallen@gmail.com
Owners Name:	Bryson Allen
Owners Location:	2845 Vollmer Loop
City, State & Zip:	American Falls, ID, 83211
Phone:	208-705-3920
Cell Phone:	208-705-3920
Kind of Business	<input type="checkbox"/> Retail <input type="checkbox"/> Lodging <input checked="" type="checkbox"/> Restaurant food truck <input type="checkbox"/> Professional <input type="checkbox"/> Contractor <input type="checkbox"/> Other

Briefly Describe Your Business:	I am going to be a food trailer near Salty Bear selling mini donuts, funnel cake, fried Oreos, lemonade & potato products 16421687-002-STC
Utah State Sales Tax Number:	16421687-002-STC
Ut State Professional License No.	<input type="checkbox"/> _____
Will you be installing a sign?:	<input checked="" type="checkbox"/> <input type="checkbox"/>

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, Bryson Allen 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: Bryson Allen Date: 05/28/25

Please print your name:

Date: May 31, 2025

To: Bryson Allen

From: Bruce Daniels, Property Owner at 105 W Logan Rd, Garden City

Subject: Permission to Operate Food Truck on Property

This letter confirms permission, as the owner of the property located at 105 W Logan Rd, Garden City, for you, Donut Dude & Delights, to operate a food truck on the premises as per the agreed upon rates and dates.

Sincerely,

A handwritten signature in cursive script, appearing to read "B. Daniels".

Bruce Daniels



Utah State Tax Commission

TAXPAYER SERVICES DIVISION 210 N 1950 W SALT LAKE CITY Utah 84134-0000

Website: tax.utah.gov

all012 03/2024

Sales Tax License and/or Use Tax Certificate of Registration

ALLEN, BRYSON
DUDE & DELIGHTS
2845 VOLLMER LOOP

AMERICAN FALLS ID 83211-5550

Account Number: 16421687-002-STC

This business is registered to make
taxable sales in:
Utah

Outlet: 0001 Issued: July 1, 2025 Valid until revoked or cancelled. Post in a noticeable place.

This business is authorized to make taxable sales, purchase tax free for resale, collect and remit sales and use taxes in the State of Utah. The authority to engage in business is subject to city and/or county business licensing laws and other rules and regulations. This license may be revoked for violations or failure to comply with these laws, rules and regulations. If this business moves, closes or is sold, you must contact the Tax Commission immediately by calling 801-297-2200 or toll free 1-800-662-4335 and return this license to the Tax Commission for cancellation. This license is NOT transferable.

ABOVE IS YOUR SALES TAX LICENSE

TEAR OFF AT PERFORATION AND POST IN A NOTICEABLE PLACE

Keep this portion for your records.

Account Number: 16421687-002-STC

<<< Use this number for all correspondence or contact
with the Utah State Tax Commission.

Jurisdiction: Utah

Issued: July 1, 2025



Your Personal Identification Number (PIN) will be sent in a different
notice in a few days. **XHGXBH-PM**

You are required to register your account at tap.utah.gov for electronic
filing, paying and managing your account. Your PIN is needed to register.

NOTICE OF LIABILITY

If you are purchasing a business, have the former business owner provide you a notice/receipt from the Tax Commission stating the sales and use taxes are paid in full. If the notice/receipt is not provided, Utah law requires you keep enough of the purchase money to pay the unpaid taxes. You may be held personally liable for any taxes not paid by the former owner.

TAX FREE PURCHASES

Merchandise purchased tax free, but used or consumed by your company, must be reported on your sales and use tax return. You must pay sales and use tax on goods that you or your company consume.

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: DONUT AND TATER CO.

Inspection Date: 6-30-25

Business Address: 105 W. LOGAN RD.

Suite: _____

Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared
	ACCESS-			/ /
1	Maintain fire lane free of obstructions			/ /
2	Provide address numbering which is visible from street			/ /
3	Provide supra box for fire dept. access			/ /
	EXITING			
4	Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /
5	Exit door to open without a key or any special knowledge or effort			/ /
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	FIRE EXTINGUISHERS			
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17	Secure all system control valves in the open position			
18	Replace damaged, corroded or painted sprinkler heads/ Fire department connection (FDC) caps			
19	Provide annual certification for sprinkler/standpipe system			
20	Provide sprinkler coverage in unprotected areas	1 st	/ /	
21	Provide spare sprinkler heads and/or compatible wrench			
22	Hood and duct extinguishing system to be serviced and tagged	2 nd	/ /	
23	Remove grease from hood, duct, and filters (keep clean)			
	FIRE ALARM SYSTEMS			
24	Maintain, repair, inspect, and/or test fire alarm system	Refer to FPB	/ /	
	FIRE SEPARATIONS			
25	Repair holes in required fire resistive construction	3 rd	/ /	
26	Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
	ELECTRICAL			
27	Discontinue use of extension cords	District attorney	/ /	
28	Install permanent wiring for fixed or stationary appliance			
29	Provide cover plates for all junction boxes	Final clearance	/ /	
30	Remove exposed wiring or protect in approved conduit			
31	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	Labeling electrical rooms and breaker			
	FLAMMABLE LIQUIDS - COMPRESSED GASES			
33	Provide flammable liquid storage cabinet or reduce storage			
34	Remove all fueled vehicles or equipment from buildings			
35	Secure compressed gas cylinders			
	STORAGE - HOUSEKEEPING			
36	Arrange storage in an orderly manner to provide access/egress			
37	Remove combustible storage from boiler, mechanical, or electrical rooms			
38	Reduce storage to 24" below ceiling or 18" from sprinkler heads			
39	Provide approved metal container from oily rag storage			
40	Remove waste & rubbish material from the premises daily			
41	Keep dumpster 5' away from buildings			
42	Clearance from ignition sources			
	MISCELLANEOUS			
43	Other violations and comments			
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				

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.

BY ORDER OF THE FIRE CHIEF

SIGNATURE OF RECIPIENT: _____


____ Owner ____ manager ____ employee ____ other

Inspecting Officer: [Signature]

FPB ____ COMPANY ____ Shift ____ Page ____ of ____

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

Food Establishment Inspection Report

	Bear River Health Department 85 East 1800 North North Logan, UT 84341 Phone: (435) 792-6570 www.brhdut.gov	Date: 06/30/2025	Purpose of Inspection: Pre-Operational
		Time In: 04:25 PM	
		Time Out: 04:43 PM	Follow Up Date: 07/01/2025
		Violations 1 Priority: 2 Core: 0	
Establishment: THE DONUT DUDE & DELIGHTS/ The Donut & Tater Co.	Address: 2845 Vollmer Loop, American Falls, ID 83211	Mailing Address:	
Permit #: FS1206198	Permit Holder: Allen Bryson	Email: brysonallen@gmail.com	
Food Safety Manager:		Risk Category: Permanent Food Establishment Permit - Risk 2	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark the appropriate box. This section MUST be completed.

IN, OUT, N/A (Not Applicable), N/O (Not Observed, COS (Corrected on-site during inspection), R (Repeat violation)

Supervision		COS	R	Time/Temperature Control for Safety		COS	R
IN	1 - Person in charge present, demonstrates knowledge, and performs duties			IN	16 - Food-contact surfaces: cleaned and sanitized		
IN	2 - Certified Food Protection Manager			IN	17 - Proper disposition of returned, previously served, reconditioned & unsafe food		
Employee Health				Consumer Advisory			
IN	3 - Management, food employee and conditional employee; knowledge, responsibilities and reporting			IN	25 - Consumer advisory provided for raw/ undercooked foods		
IN	4 - Proper use of restriction and exclusion			Highly Susceptible Populations			
IN	5 - Procedures for responding to vomiting and diarrheal event			IN	26 - Pasteurized foods used; prohibited foods not offered		
Good Hygienic Practices				Food/Color Additives and Toxic Substances			
IN	6 - Proper eating, tasting, drinking, or tobacco use			IN	27 - Food additives: approved & properly used		
IN	7 - No discharge from eyes, nose, and mouth			IN	28 - Toxic substances properly identified, stored, & used		
Preventing Contamination by Hands				Conformance with Approved Procedures			
IN	8 - Hands clean and properly washed			IN	29 - Compliance with variance/ specialized process/ HACCP plan		
IN	9 - No bare hand contact with ready-to-eat (RTE) foods or a pre-approved alternative procedure properly followed			Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.			
IN	10 - Adequate handwashing sinks properly supplied and accessible						
Approved Source							
IN	11 - Food obtained from approved source						
IN	12 - Food received at proper temperature						
IN	13 - Food in good condition, safe, & unadulterated						
IN	14 - Required records available: shellstock tags, parasite destruction						
Protection from Contamination							
IN	15 - Food separated and protected						

GOOD RETAIL PRACTICES

Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark the box if the item is not in compliance. Mark COS (Corrected on-site during inspection), and R (Repeat violation) if applicable.

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
	30 - Pasteurized eggs used where required				43 - In-use utensils: properly stored		
	31 - Water & Ice from approved source				44 - Utensils, equipment & linens: properly stored, dried, & handled		
	32 - Variance obtained for specialized processing methods				45 - Single-use/single-service articles: properly stored & used		
Food Temperature Control				Utensils, Equipment and Vending			
	33 - Proper cooling methods used: adequate equipment for temperature control				47 - Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
	34 - Plant food properly cooked for hot holding				48 - Warewashing facilities: installed, maintained, & used; test strips		
	35 - Approved thawing methods used				49 - Non-food contact surfaces clean		
	36 - Thermometers provided and accurate			Physical Facilities			
Food Identification					50 - Hot & cold water available; adequate pressure		
	37 - Food properly labeled; original container				51 - Plumbing installed; proper backflow devices		
Prevention of Food Contamination					52 - Sewage & waste water properly disposed		
	38 - Insects, rodents, & animals not present				53 - Toilet facilities: properly constructed, supplied, & cleaned		
	39 - Contamination prevented during food preparation, storage, & display				54 - Garbage & refuse properly disposed; facilities maintained		
	40 - Personal cleanliness				55 - Physical facilities installed, maintained, & clean		
	41 - Wiping cloths: properly used and stored				56 - Adequate ventilation & lighting; designated areas used		
	42 - Washing fruits & vegetables						

Allen Bryson

Person in Charge (Signature)

Bryson

Person in Charge (Print Name)

Koby Bennett

Inspector (Signature)

Koby Bennett

Inspector (Print Name)

Temperature Observations

Food	Temp. (°F)	Location	Food	Temp. (°F)	Location

General Comments:

Observations and Corrective Actions:

23. Proper Date Marking and Disposition (P) (Pf)

Violation Code - RTE TCSS, Date Marking (Pf)

Status: OUT

Type:

Correct By Date : 06/30/2025

Comments: Refrigerated, ready-to-eat, time/temperature control for safety food is not properly date marked when held for more than 24 hours. Please use a date marking system when rotating foods and using oldest foods first.

52. Sewage and Waste Water Properly Disposed (P) (Pf) (C)

Violation Code - Approved Sewage Disposal System (P)

Status: OUT

Type:

Correct By Date : 07/01/2025

Comments: A direct connection does exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed.

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 537 Blue Lake St



Date of inspection: January 16, 02025

Owner: Manage It Bear Lake

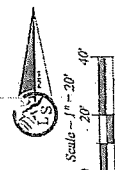
Safety Inspections:										Time limit to correct:
Handrails/Guardrails	y									
Outdoor lights	y									
Water shut off	y									
Gas shut off	y									
Electrical outlet plates	y									
Check address on unit	y									
Other:										
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	11.5x13	12x12.5	11x16	18.5x13						
Exit Required	y	y	y	y						
Window(s)	y	y	y	y						
Smoke Detector	y	y	y	y						
Total Sq. Ft.	149.5	150	176	240.5						716

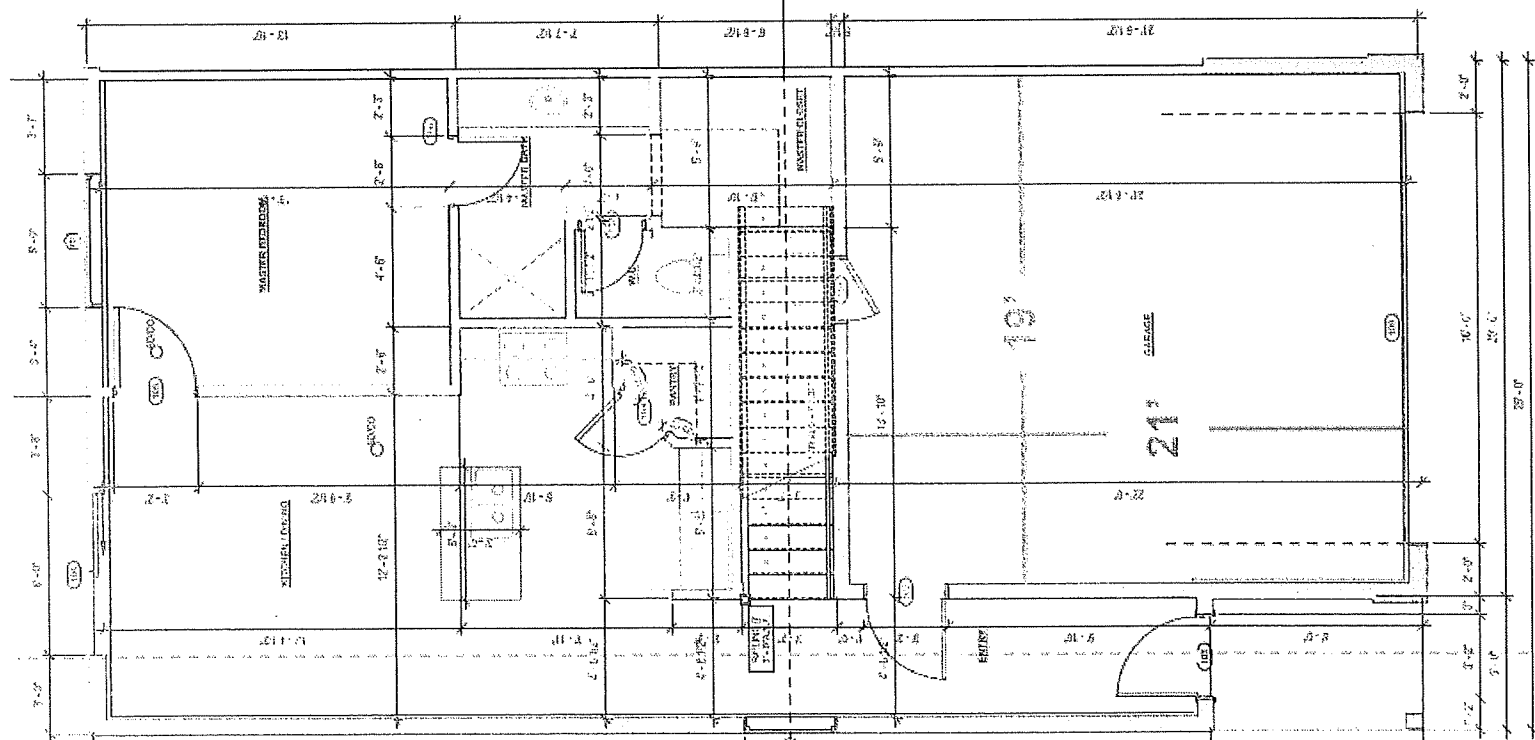
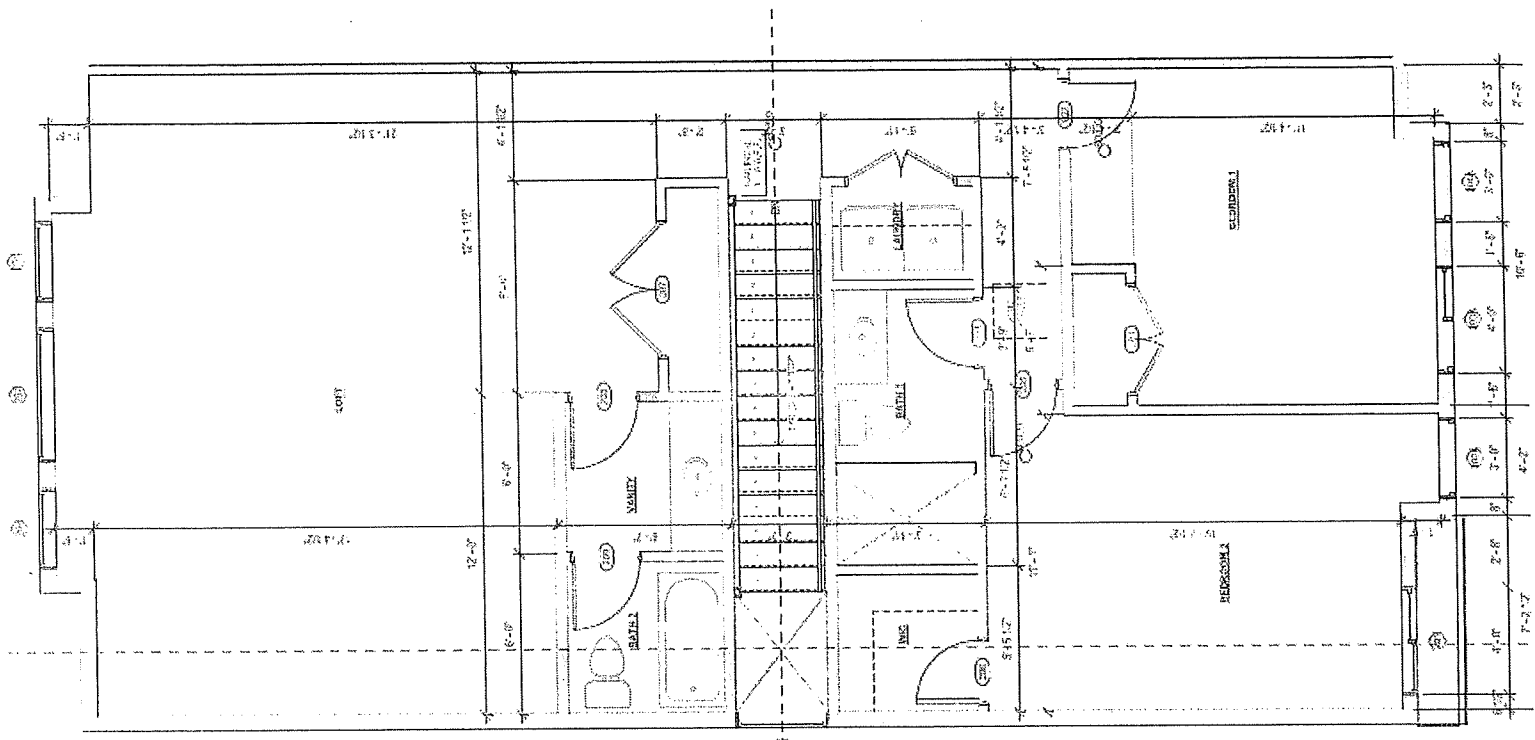
Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:  Date: January 16, 2025
Inspector:  April 15, 2025
Owner/Property Manager: Andrew Haacke

4 Planned Residential Unit Development

[illegible]



SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 330 Oregon Trail


Date of inspection: March 31, 2025

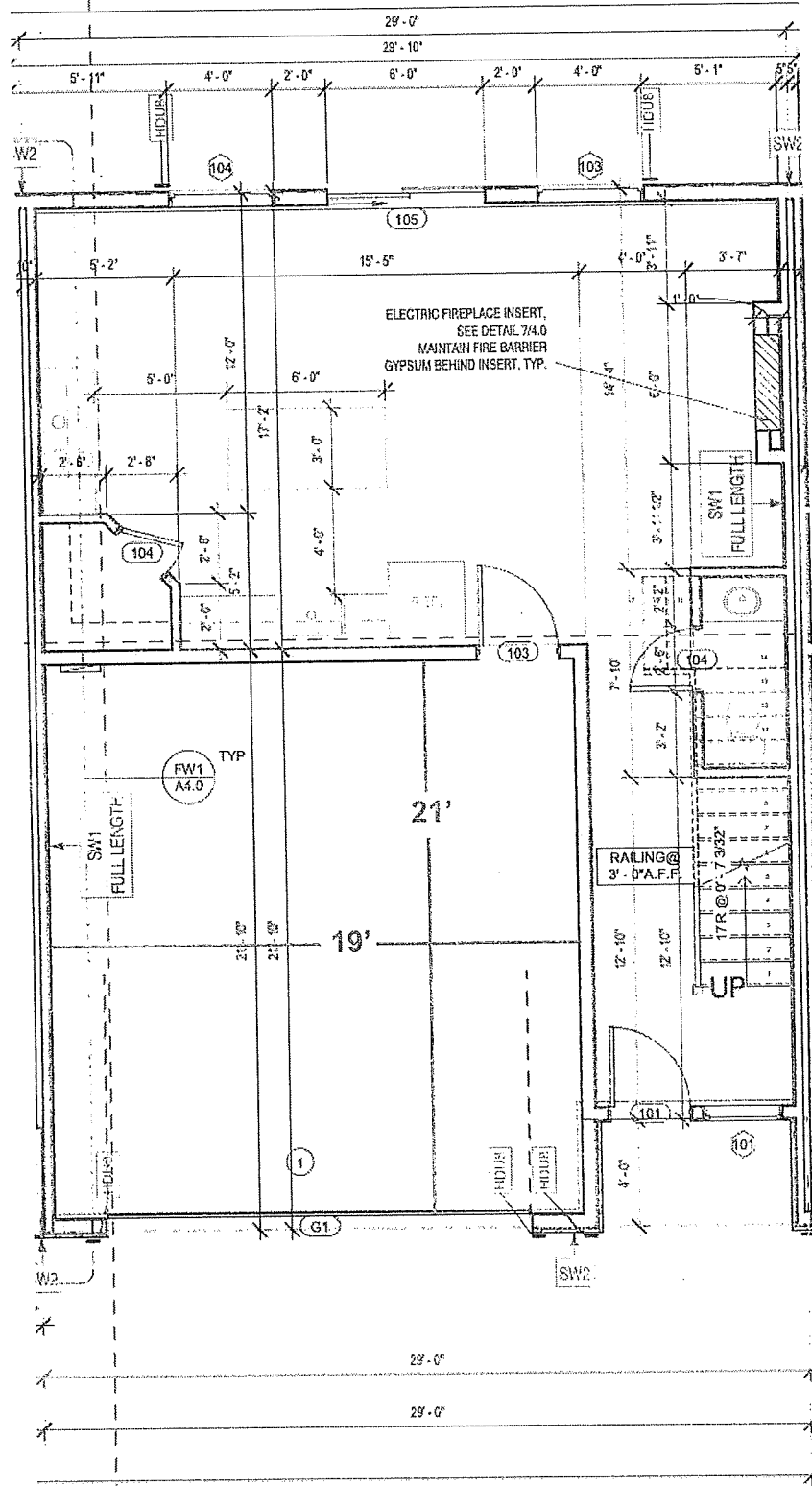
Owner: Manage It Bear Lake

Safety Inspections:												Time limit to correct:
Handrails/Guardrails		y										
Outdoor lights		y										
Water shut off		y										
Gas shut off		y										
Electrical outlet plates		y										
Check address on unit		y										
Other:												
Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10		
Sq Ft.	11.5x15.5	12.5x12.5	14x14									
Exit Required	y	y	y									
Window(s)	y	y	y									
Smoke Detector	y	y	y									
Total Sq. Ft.	178.25	156.25	196									

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).

Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: Inspector:  Date: April 9, 2025
Owner/Property Manager: Andrew Haacke Date: April 15, 2025



Final Inspection

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 580 700 W _____
Date of inspection: April 15, 2025 _____
Owner: Prime Properties _____

Safety Inspections:		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Time limit to correct:
Handrails/Guardrails		y										
Outdoor lights		y										
Water shut off		y										
Gas shut off		y										
Electrical outlet plates		y										
Check address on unit		y										
Other:												
Sleeping Room												
Sq Ft.	11x12.5	13x13	13x7	13x7	13x7	17.5x9.5						
Exit Required	y	y	y	y	y	y						
Window(s)	y	y	y	y	y	y						
Smoke Detector	y	y	y	y	y	y						
Total Sq. Ft.	137.5	169	91	91	91	166.25						654.75

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).
Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.
Signatures: _____ Date: July 3, 2025
Inspector: _____
Owner/Property Manager: _____

TC ~~SV~~

Stated meeting
to approve TC



SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 580 700 W
Date of inspection: April 15, 2025
Owner: Prime Properties

Safety Inspections:	Time limit to correct:									
Handrails/Guardrails	n									May 7, 2025
Outdoor lights	y									May 7, 2025
Water shut off	n									May 7, 2025
Gas shut off	n									
Electrical outlet plates	y									May 7, 2025
Check address on unit	n									July 31, 2025
Other:	Grace Pave Form									

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sleeping Room										
Sq Ft.	11x12.5	13x13	13x7	13x7	17.5x9.5					
Exit Required	y	y	y	y	y					
Window(s)	y	y	y	y	y					
Smoke Detector	y	y	y	y	y					
Total Sq. Ft.	137.5	169	91	91	166.25					654.75

Total Occupancy allowed at this address: 12, shall not include children under the age of three (3).
Minimum parking required at this address: 3 Total number of parking spots on Property 3. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: 
Inspector: 
Owner/Property Manager: _____

Date: April 30, 2025

Short Term Rental Inspection Form

Owner/responsible party: Raymundo Paez Date: 4-30-25

Address: 550 S. 700 W. Suite/Apt# _____

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 gases 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

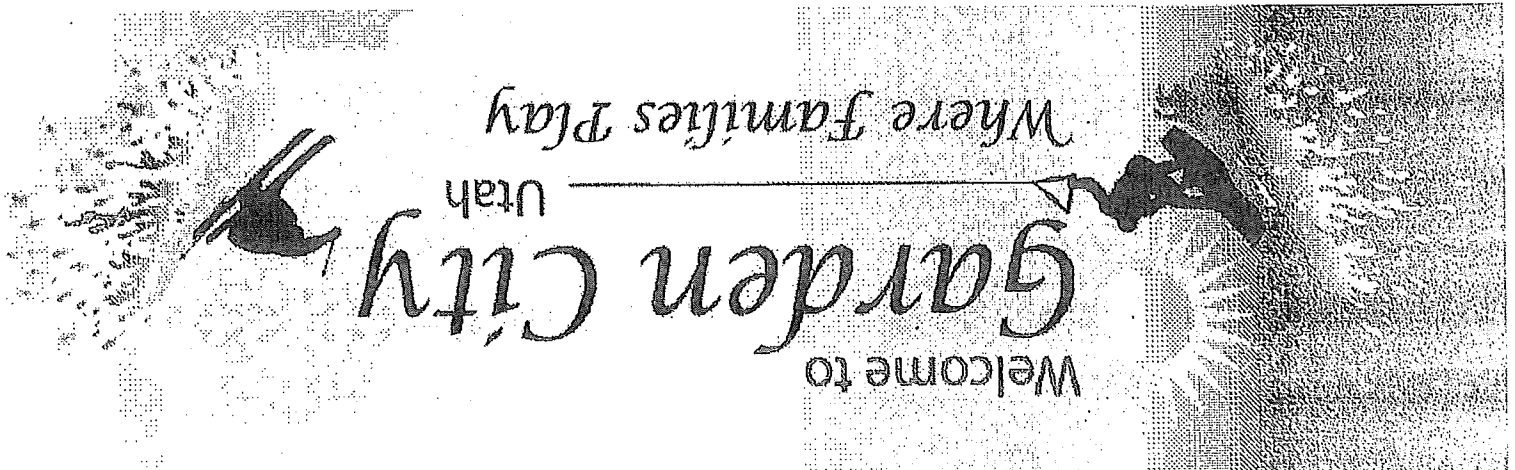
I certify that all items on this list are in compliance with National, state, and local codes and ordinances and have been inspected by a qualified member of the Garden City Fire District.

Title: _____

Inspected by: _____

Date: _____

Items that need to be corrected: _____



The Town of Garden City does grant a temporary Short-term Rental License to the owner and address noted below.

All required parking will be completed in concrete or asphalt on or before July 31, 2025. If parking is not complete per code by July 31, 2025, the temporary license will no longer be valid. The applicant will need to apply for a new Short-term Rental license meeting all requirements and fees associated with the new application.

Violation of Garden City Code regulations for Short-term Rental's will apply

on temporary licenses.

Garden City Code Enforcement Official

Sloane Maughan/ Prime Properties

Home Owner/Property Management

Date

04/30/2025

Date

May 1, 2025

Property Address

580 700 S, Garden City, UT 84028

P.O. Box 207 - 69 North Paradise Parkway - Garden City, Utah 84028
Phone: (435) 946-2901 - Fax (435) 946-8852
Code Enforcement Phone: (435) 757-6223
Enforcement@gardencityutah.gov
Email: townofgardencity@gmail.com - Website: www.gardencityut.us

Property Information:

Physical Street:

580 S 700 W

Unit/Suite:

City:

Garden City

State:

Utah

Zip:

84028

Number of Occupants:

15

Number of Bedrooms:

3

Number of Parking Spaces:

4

State Sales Tax #:

15674971-002-STC

Owner Information:

Owner Name:

Landon Moyes

Phone:

801-920-4414

Email:

lc.moyes@moyesglass.com

Mailing Address:

1590 Wall Avenue

Unit/Suite:

City:

Ogden

State:

Utah

Zip:

84404

Property Management Company/Property Manager:

Are you using a Property Management company?

☒ Yes ☐ No

Name:

Prime Properties Management

Phone:

801-473-5254

Email:

sloane@primeproperties.rentals

Mailing Address:

134 N Main Street

Unit/Suite:


Alpine

Utah



84004

Emergency Contact Information:

 I verify the emergency contact will be available anytime to respond to the property within 15 minutes in the event of an emergency or to address a violation, etc. *

Name: *

Bryan Motzkus


Phone: *

385-424-9350

Email: *

bryan@primeproperties.rentals

City Requirements:

 I acknowledge that I, the owner, property management company and or owners agent, if any, have read all of the Town's regulations pertaining to the operation of Short Term Rentals under ordinance 8-600 in the City Code. <https://gardencityut.us/code> (https://gardencityut.us/code) *

Boxes must be checked, and form must be signed and dated.

 I declare that the information contained in this application is true and correct to the best of my knowledge. *

Applicant Name (as electronic signature): *

Sloane Maughan

Title: *

Permit Specialist

Date: *

04/30/2025