

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) <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>per 110</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: ☐ Commercial 1 2 3 ☐ Residential ☐ Beach Devel. ☐ Other _____

Business Name:	Bear Lake Custard LLC
If name change, previous name:	
Location Address:	21115 S Bear Lake Blvd
City, State & Zip:	Garden City Utah 84028
Business Phone:	435-535-5035
Cell Phone:	435-535-5035
Mailing Address:	11450 N 2000 E
City, State & Zip:	Richmond UT 84333
E-mail Address:	bearlakeescape21@gmail.com
Owners Name:	Michael Bales
Owners Location:	11450 N 2000 E
City, State & Zip:	Richmond UT 84333
Phone:	435-535--5035
Cell Phone:	435-535-5035

Kind of Business	<input 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: Custard, Italian Ice, shakes, drinks

Utah State Sales Tax Number: 16071020-002-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, Michael Bales 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: Michael Bales Date: 5/24/25

Please print your name: Michael Bales

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: BEAR LAKE CUSTARD Inspection Date: 7-16-25

Business Address: 2115 SOUTH BL 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		PASSED	
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			
23	Remove grease from hood, duct, and filters (keep clean)			
	FIRE ALARM SYSTEMS	Refer to FPB	/ /	
24	Maintain, repair, inspect, and/or test fire alarm system			
	FIRE SEPARATIONS	3 rd	/ /	
25	Repair holes in required fire resistive construction			
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: _____
FPB COMPANY Shift Page of

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

Welcome to

Garden City

Utah

Where Families Play

801-823-4596

Business License Inspection

Business Name: Bear Lake Custard

Business Address: 2115 S. Bear Lake Blvd.

Inspection Date: July 14, 2025

Inspector: Dan + Chase

Passed
7-14-25
D.H.X.

<input checked="" type="checkbox"/> ADDRESS MARKED	<input type="checkbox"/> PARKING MEETS CODE <i>see below</i>
<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 checked="" type="checkbox"/> HEALTH DEPARTMENT OK	<input checked="" type="checkbox"/> FIRE DEPARTMENT OK

Rest Room Facilities

ITEMS TO BE ADDRESSED

Concrete or Asphalt parking stalls will be required. You have until December 31 2025 to have the parking done. If it is not done no business license will be issued for 2026.

Seating for 2B need accessible restroom. Need sharp bolts on North west corner covered. Need restrooms

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Comments:

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

Business Name: McCann Construction
If name change, previous name: 1404 Canyon Cir
Location Address: Garden City, UT 84028
City, State & Zip: _____
Business Phone: 435-535-4525
Cell Phone: _____
Mailing Address: 1404W Canyon Cir
City, State & Zip: Garden City, UT 84028
E-mail Address: _____

Owners Name: Travis Spruet
Owners Location: 1404 Canyon Cir
City, State & Zip: Garden City, UT 84028
Phone: _____
Cell Phone: 435-535-4525

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

Briefly Describe Your Business: Gen Construction

Utah State Sales Tax Number: _____

Ut State Professional License No. ☐ ☐ 12935572-5501

Will you be installing a sign? ☒ NO ☐

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I, We, Travis Spruet 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: Travis Spruet Date: 7-1-25

Please print your name: Travis Spruet



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 TRAVIS SPRIET, and doing business as McCANN CONSTRUCTION, and located at 1404 W. CANYON CIR, GARDEN CITY 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: 07/16/25

Fire District Chief: _____

Date: 7-16-25

110.00

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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:	Wild Zanksy
If name change, previous name:	N/A
Location Address:	201 Bear Lake Blvd
City, State & Zip:	Garden City, Utah 84028
Business Phone:	
Cell Phone:	(480) 625-9703
Mailing Address:	1904 Maple Hills Dr.
City, State & Zip:	Perry, Utah 84302
E-mail Address:	taylorknightr@gmail.com
Owners Name:	Taylor Knight
Owners Location:	1904 Maple Hills Dr
City, State & Zip:	Perry, Utah 84302
Phone:	
Cell Phone:	(480) 625-9703

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

Briefly Describe Your Business: A feel good retail shop that sells permanent jewelry, comfy clothing, face and body serums.

Utah State Sales Tax Number: 16095792-002-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, Taylor Knight 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: Taylor Knight **Date:** 7/18/25

Please print your name: Taylor Knight

Welcome to

Garden City

Utah

Where Families Play



4545

Business License Inspection

Business Name: Wild Zanksy

Business Address: 201 N Bear Lake Blvd.

Inspection Date: 7-22-25

Inspector: Dan 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
<u>NA</u> SUPPRESSION SYSTEM	<input type="checkbox"/> FIRE EXTINGUISHER
<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
<u>NA</u> HEALTH DEPARTMENT OK	<input type="checkbox"/> FIRE DEPARTMENT OK

Rest room facilities

ITEMS TO BE ADDRESSED

Exit lighting sign / Fire extinguisher / Emergency lighting
which will take care of bare wires