

Garden City Business License Application

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

Business Status: <input checked="" type="checkbox"/> New Business (check all that apply) <input type="checkbox"/> Additional Location # _____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee: Business License Fee <u>pd \$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: Commercial 1 2 3 Residential Beach Devel. Other _____

Business Name:	Cloud Dream Homes, PLLC
If name change, previous name:	_____
Location Address:	1347 Sir Barton Dr
City, State & Zip:	Kaysville, UT 84037
Business Phone:	801-506-2580
Cell Phone:	801-864-2783
Mailing Address:	1347 Sir Barton Dr
City, State & Zip:	Kaysville, UT 84037
E-mail Address:	Randall@CloudDreamHomes.com

Owners Name:	Randall Cloud	<i>Mgr: Bear Essentials</i>
Owners Location:	1347 Sir Barton Dr.	<i>Stu Buehner in Brook St.</i>
City, State & Zip:	Kaysville, UT 84037	<i>Fish Haven 83287</i>
Phone:	801-864-2783	<i>208-796-0046</i>
Cell Phone:	801-864-2783	

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Short Term Rental Property Management

Utah State Sales Tax Number: 14756311-004-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, Cloud Dream Homes 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: 01/27/2026
 Please print your name: Randall Cloud



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 RANDALL CLOUD,

and doing business as CLOUD DREAM HOMES, PLLC., and located at 1347 SIR BARTON DR. KAYSVILLE, UT. 84037, is exempt from requiring an annual fire safety inspection due to little or no public access to the place of business, and the said address being a private residence that is not being used for public interaction, and not having employees other than the owner(s) of said business.

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

Business owner: _____

Date: _____

Fire District Chief:  _____

Date: 2/10/26



Garden City Offices <office@gardencityutah.gov>

Business license denied

Cloud Dream Homes

Cathie Rasmussen <townclerk@gardencityutah.gov>
To: Garden City Offices <office@gardencityutah.gov>

Thu, Apr 9, 2026 at 5:43 PM

Hi Shar,

All of the licenses were approved at TC except for Cloud Dream Homes. They need to have a local contact on the application. Then it can come back to TC.

Also, we need to get that business application fixed showing "yes" or "no" above the boxes or next to the boxes. If you can please work on that...let me know if you need help.

Thank you,

Cathie Rasmussen, CMC
Town of Garden City
Town Clerk
Ph (435) 946-2901

*Bear essentials
Jfu Beehner
Fish Haven
208-786-0046*

* Please note my updated email address of townclerk@gardencityutah.gov

P. 26.

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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:	Endless Opportunities, LLC	(Hungry Bear)
If name change, previous name:	_____	
Location Address:	70 W Logan Rd, Suite C	
City, State & Zip:	Garden City, UT 84028	
Business Phone:	435-565-2523 Cindy	
Cell Phone:	801-645-8719 Jeff	
Mailing Address:	PO Box 605	
City, State & Zip:	Garden City, UT 84028	
E-mail Address:	j.s.winter@utah.edu	
Owners Name:	Jeff & Cindy Winter	
Owners Location:	509 W. Raspberry Patch Rd	
City, State & Zip:	Garden City, UT 84028	
Phone:	_____	
Cell Phone:	801-645-8719	

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: We are opening a restaurant and related business activities

Utah State Sales Tax Number: Pending (as of 04/20/26)

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, Jeff & Cindy Winter 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: Jeff Winter Date: 04/27/26
Please print your name: Jeff Winter and Cindy Winter



Utah State Tax Commission
TAXPAYER SERVICES DIVISION 210 N 1950 W SALT LAKE CITY Utah 84134-9000

Website: tax.utah.gov

atL012 12/2025

Sales Tax License and/or Use Tax Certificate of Registration

ENDLESS OPPORTUNITIES LLC
HUNGRY BEAR PIZZA & SUBS
70 W LOGAN RD
GARDEN CITY UT 840280000

Account Number: **16645093-002-STC**

This business is registered to make
taxable sales
Garden City

Location: 0001 Issued: May 18, 2026 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: **16645093-002-STC**

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

Jurisdiction: **Garden City**
Issued: **May 18, 2026**



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

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: THE HUNGRY BEAR PIZZA Inspection Date: 5-28-26

Business Address: 70 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		NEEDS TO INSTALL	/ /
3	Provide supra box for fire dept. access			
	EXITING		EXIT LIGHTING WITHIN	
4	Remove obstructions at exits, doors, aisles, corridors, stairways, etc.		30 DAYS.	/ /
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	Maintain exit sign/emergency lighting			/ /
	FIRE EXTINGUISHERS			
12	Have fire extinguisher serviced and tagged			/ /
13	Provide amount 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			/ /
	SPRINKLER PROTECTION SYSTEMS		PASSED	
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			
22	Flood and duct extinguishing system to be serviced and tagged	2 nd	/ /	
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	Seal holes in required fire resistive construction		Hearing	/ /
26	Test door, air self or automatic closing fire rated assemblies			
	ELECTRICAL			
27	Discourage 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 68" in height) Remove exposed wiring or protect in approved conduit			
32	Locking electrical rooms and breaker			
	FLAMMABLE LIQUIDS - COMPRESSED GASES			
33	Provide flammable liquid storage cabinet or reduce storage		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	
34	Remove all fueled vehicles or equipment from buildings			
35	Protect compressed gas cylinders			
	STORAGE - HOUSEKEEPING			
36	Remove storage in an orderly manner to provide access/egress			
37	Remove combustible storage from boiler, mechanical, or electrical rooms			
38	Store storage x 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	Remove grease from hood, grease			
	MISCELLANEOUS			
43	Other violations and comments			
NO	NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE			

BY ORDER OF THE FIRE CHIEF
SIGNATURE OF RECIPIENT:

____ Owner ____ manager ____ employee ____ other

Inspecting Officer: _____
FPB _____ COMPANY _____ SIGN _____ PAGE _____

Welcome to

Garden City

Utah



Where Families Play

Business License Inspection

Business Name: (The Hungry Bear : DBA) Endless opportunities LLC

Business Address: 70 West Logan Rd Suite C

Inspection Date: 6-1-26

Inspector: Dan L. Kurek

<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 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

ITEMS TO BE ADDRESSED

30 Days to correct above items

Certify Extinguisher by 7-2-26

Dan L. Kurek
6-2-26

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Fire Insp. ✓
Building Insp. ✓

Business Status: (check all that apply)

New Business

Additional Location # _____

Name Change

Ownership Change

Location Change

Transient Vendor

Concessionaire Vendor

License Fee:

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: Approved Not Approved Date: _____

Town Council: Approved Not Approved Date: _____

Inspections: Building Insp.: Initial Date: _____ Final Date: _____

Fire Inspection: Initial Date: _____ Final Date: _____

TC Fire Exemption Approval: Approved Initial: _____ Date: _____

Comments: _____

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

Business Name: BEAR LAKE ADVENTURE PARK

If name change, previous name: BRIDGERLAND ADVENTURE PARK

Location Address: 722 SOUTH FIRST LIGHT DR

City, State & Zip: GARDEN CITY UTAH 84028

Business Phone: (435) 946-2246

Cell Phone: 208-430-0698

Mailing Address: PO BOX 59

City, State & Zip: GARDEN CITY UTAH 84028

E-mail Address: JUSTIN@BEARLAKEADVENTUREPARK.COM

Owners Name: JUSTIN MAUGHAN & SCOTT LIVINGSTON

Owners Location: GARDEN CITY UTAH 84028

City, State & Zip: _____

Phone: 2084300698

Cell Phone: 801-722-4566

Kind of Business

Retail Lodging Restaurant

Professional Contractor Other

Briefly Describe Your Business: AADVENTURE PARK

Utah State Sales Tax Number: 16509130-002-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, BEAR LAKE ADVENTURE PARK 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: Justin Maughan Date: 4/29/26

Please print your name: Justin Maughan

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Bear Lake Adventure Park

Business Address: 722 First Light Dr.

Inspection Date: 5-21-26

Inspector: Don L. Kurek

<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

~~Electrical Panel Labeled~~

~~Add emergency lighting to lower dining area~~

~~Electrical Panel Covers~~

Approved 5-22-26

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 ADVENTURE PARK Inspection Date: 5/20/26

Business Address: 722 S. FIRST LIGHT DR. 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 correct sprinkler heads and/or compatible wrench	2 nd	/ /	
22	Flood and duct extinguishing system to be serviced and tagged	Refer to FPB	/ /	
23	Remove grease from hood, duct, and filters (keep clean)	3 rd	/ /	
	FIRE ALARM SYSTEMS	Hearing	/ /	
24	Maintain, repair, inspect, and/or test fire alarm system	District attorney	/ /	
	FIRE SEPARATIONS	Final clearance	/ /	
25	Repair holes in required fire resistive construction			
26	Provide repair or automatic closing fire rated assemblies			
	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 6'6" height) Remove exposed wiring or protect in approved conduit			
32	Substitute fused rooms and breaker			
	DAMMABLE LIQUID - 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	Storage storage in an orderly manner to provide access/egress			
37	Remove combustible materials from boiler, mechanical, or electrical rooms			
38	Remove 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	Remove from location sources			
	MISCELLANEOUS			
43	Remove violations and corrections			
NO VIOLATIONS	OTHER THIS DATE. THANK YOU FOR BEING SAFE			

Good

*ADD "K" SYSTEM
EXTINGUISHER IN
THE KITCHEN*

PASSED

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 _____

Fire Insp. ✓
Bldg Insp. ✓

Garden City Business License Application

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www.gardencityut.us • 435-946-2901 • 435-946-8852 Fax

Business Status: New Business
(check all that apply) Additional Location # ____
 Name Change
 Ownership Change
 Location Change
 Transient Vendor
 Concessionaire Vendor

License Fee: Business License Fee paid \$110
Transient License Fee _____
Concessionaire Fee _____
Additional Location _____
Other _____
Beach Vendor License also requires a BCI background check

Official Use Only:
Planning Commission: Approved Not Approved Date: _____
Town Council: Approved Not Approved Date: _____
Inspections: Building Insp.: Initial Date: _____ Final Date: _____
Fire Inspection: Initial Date: _____ Final Date: _____

Comments: _____

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


Business Name: Square Donuts Bear Lake, LLC dba Lehi Bakery
If name change, previous name: _____
Location Address: 88 S BEAR LAKE BLVD
City, State & Zip: Garden City, UT 84028
Business Phone: 8016642693
Cell Phone: _____
Mailing Address: 172 W Main St.
City, State & Zip: Lehi, UT 84043
E-mail Address: admin@kensingtonasset.com
Owners Name: David Doty
Owners Location: 172 W Main St.
City, State & Zip: Lehi, UT 84043
Phone: 8016642693
Cell Phone: _____

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Bakery selling donuts, ice cream, and brownies.
Utah State Sales Tax Number: 16561783-002-STC
Ut State Professional License No. _____
Will you be installing a sign?: Yes No

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

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

Owners Signature:  Date: 5/4/2026
Please print your name: David Doty

Welcome to

Garden City

Utah



Where Families Play

Business License Inspection

Business Name: Lehi Bakery

Business Address: 88 S. Bear Lake Blvd #C

Inspection Date: 5-21-26

Inspector: Dan L. Kurek

<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 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

ITEMS TO BE ADDRESSED

Sink lines insulated

Ford sealed

Approved 5-22-26

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: LEAH BAKERY

Inspection Date: 5/22/26

Business Address: 88 S. BL BLVD

Suite: C 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 sign or 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 clear view from exit door(s)			/ /
7	Remove 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			/ /
	FIXTURES/FIXTURES			
12	Place fire extinguisher service tag and tagged			/ /
13	Check status of the extinguisher as indicated			/ /
14	Provide clear access to the extinguisher			/ /
15	Provide sign indicating fire extinguisher location			
16	Remove food storage area for accessibility of fire appliances/equipment			/ /
	FIRE EXTINGUISHING SYSTEMS			
17	Keep all fire extinguishers in the open position			
18	Remove damaged, corroded or outdated sprinkler heads/			
19	Fire department connection (FDC) pipe			
20	Provide proper identification for sprinkler standpipe system	Re-inspection dates	Inspector	
21	Flow of sprinkler coverage in unobstructed areas	1 st	/ /	
22	Provide proper and approved, listed compatible wrench	2 nd	/ /	
23	Remove dirt and debris from the system to be serviced and tagged			
24	Remove dirt from alarm clock, dust, and filters (keep clean)			
25	FLUOROCARBON SYSTEMS	Refer to FPB	/ /	
26	Remove all fire extinguishers and fire alarm system			
27	FRUIT PARATHING	3 rd	/ /	
28	Remove all fruit and vegetable construction			
29	Remove all fruit and vegetable construction	Hearing	/ /	
30	FRUIT PARATHING			
31	Remove all fruit and vegetable construction	District attorney	/ /	
32	Remove all fruit and vegetable construction			
33	Remove all fruit and vegetable construction	Final clearance	/ /	
34	Remove all fruit and vegetable construction			
35	Remove all fruit and vegetable construction			
36	Remove all fruit and vegetable construction			
37	Remove all fruit and vegetable construction			
38	Remove all fruit and vegetable construction			
39	Remove all fruit and vegetable construction			
40	Remove all fruit and vegetable construction			
41	Remove all fruit and vegetable construction			
42	Remove all fruit and vegetable construction			
43	Remove all fruit and vegetable construction			
44	Remove all fruit and vegetable construction			
45	Remove all fruit and vegetable construction			
46	Remove all fruit and vegetable construction			
47	Remove all fruit and vegetable construction			
48	Remove all fruit and vegetable construction			
49	Remove all fruit and vegetable construction			
50	Remove all fruit and vegetable construction			

PASSED

NONE

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: _____
 JFB COMPANY _____ Shift _____ Page _____ of _____

Garden City Business License Application

Fire Inspv
Bldg Inspv

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

pd

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

Official Use Only:

Planning Commission:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Town Council:	<input checked="" 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: At B.L. Adventure Park

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

Business Name: Blue Horizon Grill

If name change, previous name: _____

Location Address: 722 S Firstlight Drive Adventure Park
 City, State & Zip: Garden City UT 84028

Business Phone: _____

Cell Phone: 435 764 4542

Mailing Address: PO Box 540
 City, State & Zip: Garden City UT 84028

E-mail Address: bluehorizongrillbearlake@gmail.com

Owners Name: Jim & Kim Tippetts

Owners Location: 446 W Bluegrass Way
 City, State & Zip: Garden City UT 84028

Phone: 435 764 4542

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: Food (U)

Utah State Sales Tax Number: Pending

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, Blue Horizon Grill 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: Kim Tippetts Date: 4/27/2022

Please print your name: Kim Tippetts

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: BLUE HORIZON GRILL Inspection Date: 5/20/26

Business Address: 722 S. FIRST LIGHT DR 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			
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	Discourage use of extension cords	District attorney	/ /	
28	Install permanent wiring for fixed or stationary appliance			
29	Install 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 20" in height) Remove exposed wiring or protect in approved conduit			
32	Labeling electrical rooms and breaker			
HARMFUL LIQUIDS - COMPRESSED GASES				
33	Provide flammable liquid storage cabinet or reduce storage			
34	Remove all fueled vehicles or equipment from buildings			
35	Remove compressed gas cylinders			
DISORDER - HOUSEKEEPING				
36	Remove storage in an orderly manner to provide access/egress			
37	Remove combustible storage from boiler, mechanical, or electrical rooms			
38	Remove storage 2" below ceiling or 18" from sprinkler heads			
39	Remove approved means of egress from oily rag storage			
40	Remove waste & rubbish material from the premises daily			
41	Remove any oil or grease from buildings			
42	Remove any oil or grease from building			
43	Remove any oil or grease from building			
44	Remove any oil or grease from building			
45	Remove any oil or grease from building			
46	Remove any oil or grease from building			
47	Remove any oil or grease from building			
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96	Remove any oil or grease from building			
97	Remove any oil or grease from building			
98	Remove any oil or grease from building			
99	Remove any oil or grease from building			
100	Remove any oil or grease from building			

Good

PASSED

NONE

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: _____
PFD _____ COMPANY _____ Shift _____ Page _____ of _____

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Blue Horizon Grill

Business Address: 722 Firstlight Dr.

Inspection Date: 5-22-26

Inspector: Dan L. Kurek

<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

Approved 5-22-26

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

Fire ✓
Building ✓
Pat - term ✓
Susan - term ✓

Business Status: (check all that apply)

New Business

Additional Location # _____

Name Change

Ownership Change

Location Change

Transient Vendor

Concessionaire Vendor

License Fee:

Business License Fee PA#25

Transient License Fee _____

Concessionaire Fee _____

Additional Location _____

Other _____

Beach Vendor License also requires a BCI background check

Official Use Only:

Planning Commission: Approved Not Approved Date: _____

Town Council: Approved Not Approved Date: _____

Inspections: Building Insp.: Initial Date: _____ Final Date: _____

Fire Inspection: Initial Date: _____ Final Date: _____

Comments: _____

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

Business Name: Bear Lake Summit Pizza

If name change, previous name: _____

Location Address: 885. Bear Lake Blvd

City, State & Zip: Garden City, UT 84028

Business Phone: 435-946-2870

Cell Phone: 435-213-7777

Mailing Address: PO Box 151

City, State & Zip: Laketown UT 84038

E-mail Address: bearlakosummitpizza@outlook.com

Owners Name: Thad & Melissa Willis

Owners Location: 84 E Center

City, State & Zip: Laketown UT 84038

Phone: 435-213-7777

Cell Phone: _____

Kind of Business

Retail Lodging Restaurant

Professional Contractor Other

Briefly Describe Your Business: Pizza restaurant

Utah State Sales Tax Number: 15749202-003-STC

Ut State Professional License No. 12231647-0151

Will you be installing a sign?: Yes No

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

I, We, Melissa Willis 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: Melissa Willis Date: 5/8/26

Please print your name: Melissa Willis

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: SUMMIT INN PIZZA Inspection Date: 5/7/26

Business Address: 88 SOUTH 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	Removed 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		PASSED	
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			
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	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	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			
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				

BY ORDER OF THE FIRE CHIEF

SIGNATURE OF RECIPIENT: _____

____ Owner ____ manager ____ employee ____ other

Inspecting Officer: [Signature]

FPB _____ COMPANY _____ Shift _____ Page _____

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Summit Pizza

Business Address: 88 So. Bear Lake Blvd.

Inspection Date: 5-8-26

Inspector: Dan L. Kurek

<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

2 Emergency lights need attention 1 works

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: New Business
(check all that apply) Additional Location # _____
 Name Change
 Ownership Change
 Location Change
 Transient Vendor
 Concessionaire Vendor

License Fee: Business License Fee \$110 pd
Transient License Fee _____
Concessionaire Fee _____
Additional Location _____
Other _____
Beach Vendor License also requires a BCI background check

Official Use Only:

Planning Commission: Approved Not Approved Date: _____
Town Council: Approved Not Approved Date: _____
Inspections: Building Insp.: Initial Date: _____ Final Date: _____
Fire Inspection: Initial Date: _____ Final Date: _____
TC Fire Exemption Approval: Approved Initial: _____ Date: _____

Comments:

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

Business Name: Hve Haven Creative LLC DBA Creative Space LLC

If name change, previous name: _____

Location Address: 65 Logan Rd Unit 2
City, State & Zip: Garden City, UT 84028

Business Phone: 208 989-5749

Cell Phone: same

Mailing Address: 763 Holiday Drive
City, State & Zip: Fish Haven ID 83287

E-mail Address: awarnock@gmail.com

Owners Name: Ashley Warnock

Owners Location: 763 Holiday Drive
City, State & Zip: Fish Haven, ID 83287

Phone: _____

Cell Phone: 208-989-5749

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: sell local artists work on commission and let people design t-shirts etc at

Utah State Sales Tax Number: pending
 Utah State Professional License No. NO
Will you be installing a sign?: Yes No at the location, community art/craft/woodworking class

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, Ashley Warnock 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: Ashley Warnock **Date:** 4/28/2026

Please print your name: Ashley Warnock

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

DBA CREATIVE SPACE

Business Name: HUE HANEN CREATIVE, LLC

Inspection Date: 5/11/26

Business Address: 65 W. LOGAN RD

Suite: # 2 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	Removed 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			
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		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.	
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				

BY ORDER OF THE FIRE CHIEF

SIGNATURE OF RECIPIENT:

____ Owner ____ manager ____ employee ____ other

Inspecting Officer: 
FPB _____ COMPANY _____ Shift _____ Page _____ of _____

Welcome to

Garden City

Utah



Where Families Play

Business License Inspection

Business Name: Hue Haven Creative DBA Creative Space

Business Address: 65 West Logan Rd #2 #2

Inspection Date: 5-18-26

Inspector: Dan L. Kuerdt

<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 type="checkbox"/> FIRE DEPARTMENT OK

ITEMS TO BE ADDRESSED

Extinguisher Needs to be certified by 6-18-26

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: New Business
(check all that apply) Additional Location # _____
 Name Change
 Ownership Change
 Location Change
 Transient Vendor
 Concessionaire Vendor

License Fee: Business License Fee \$110.00
Transient License Fee _____
Concessionaire Fee _____
Additional Location _____
Other _____
Beach Vendor License also requires a BCI background check

Official Use Only:

Planning Commission: Approved Not Approved Date: _____
Town Council: Approved Not Approved Date: _____
Inspections: Building Insp.: Initial Date: _____ Final Date: _____
Fire Inspection: Initial Date: _____ Final Date: _____

Comments:

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

Business Name: All Things Abby, LLC
If name change, previous name: _____
Location Address: 105W Logan Road #7
City, State & Zip: Garden City, UT - 84028
Business Phone: _____
Cell Phone: 435-881-5087
Mailing Address: _____
City, State & Zip: _____
E-mail Address: _____

Owners Name: Abby Pugmire
Owners Location: 102 E. 1st N.
City, State & Zip: Paris, ID. 83801
Phone: _____
Cell Phone: 435-881-5087

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Spray tanning - retail
Utah State Sales Tax Number: Pending - 1-520-531-904
Ut State Professional License No. 16664190-002-STC
Will you be installing a sign?: Yes No Sandwich Board

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, All Things Abby 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: Abby Pugmire **Date:** May 4, 200
Please print your name: Abby Pugmire

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: ALL THINGS ABBY Inspection Date: 5/7/26
Business Address: 65 W. LOGAN RD. Suite: #7 Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared			
ACCESS-							
1	<input checked="" type="checkbox"/> Maintain fire lane free of obstructions			/ /			
2	<input checked="" type="checkbox"/> Provide address numbering which is visible from street	#2	ADD CONTRASTING NUMBERING TO SIDES OF ENTRY DOOR.				
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.	#6	ADD EXIT SIGNS TO BOTH EXIT DOORS				
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	Removed obstructions from door required to be closed						
9	Remove locks & latches from doors with panic hardware	#13	MOUNT FIRE EXTINGUISHER				
10	Remove storage from attic, under-floor and concealed spaces						
11	<input checked="" type="checkbox"/> Provide/maintain exit sign/emergency lighting	*	MUST SEND PICTURE OR HAVE ME RE-INSPECT BY 5/11/26	/ /			
FIRE EXTINGUISHERS							
12	Have fire extinguisher serviced and tagged						
13	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Secure all system control valves in the open position	PASSED w/ CONDITIONS					
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						
21	Provide spare sprinkler heads and/or compatible wrench						
22	Hood and duct extinguishing system to be serviced and tagged						
23	Remove grease from hood, duct, and filters (keep clean)	Re-inspection dates	Inspector				
FIRE ALARM SYSTEMS							
24	<input checked="" type="checkbox"/> Maintain, repair, inspect, and/or test fire alarm system	1 st	/ /				
FIRE SEPARATIONS							
25	Repair holes in required fire resistive construction	2 nd	/ /				
26	Provide/repair self or automatic closing fire rated assemblies	3 rd	/ /				
ELECTRICAL							
27	Discontinue use of extension cords	Hearing	/ /				
28	Install permanent wiring for fixed or stationary appliance	Refer to FPB	/ /				
29	Provide cover plates for all junction boxes						
30	Remove exposed wiring or protect in approved conduit	Final clearance	/ /				
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	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.					
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	<input checked="" type="checkbox"/> Other violations and comments						
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE							

BY ORDER OF THE FIRE CHIEF
SIGNATURE OF RECIPIENT: _____
____ Owner ____ manager ____ employee ____ other
Inspecting Officer: _____
FPD ____ COMPANY ____ Shift ____ Page ____ of ____

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: All Things Abby (Abby)

Business Address: 65 West Logan Rd # 7

Inspection Date: 5-13-26

Inspector: Dan L. Kurek

<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 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

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Garden City Business License Application

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

Business Status: <input checked="" type="checkbox"/> New Business (check all that apply) <input type="checkbox"/> Additional Location # _____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee: Business License Fee <u>pd \$110.00</u> 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:	Fullmer Chiropractic
If name change, previous name:	_____
Location Address:	65 West, Logan Road Unit 1
City, State & Zip:	Garden City, Utah 84028
Business Phone:	435-752-5522
Cell Phone:	435-764-0929
Mailing Address:	1652 South Highway 165
City, State & Zip:	Providence Utah 84332
E-mail Address:	thomasfullmerdc@gmail.com
Owners Name:	Thomas Fullmer
Owners Location:	260 North Main
City, State & Zip:	Millville Utah 84326
Phone:	4357640929
Cell Phone:	435-764-0929

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Chiropractic care
 EIN 8005403080

Utah State Sales Tax Number: NA

Ut State Professional License No. 7563542-1202

Will you be installing a sign?: Removable A-frame or Feather Signage

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, Thomas Fullmer 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: Thomas Fullmer **Date:** 4/22/2026

Please print your name: Thomas Fullmer

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: FULLMER CHIROPRACTIC Inspection Date: 5/5/26
Business Address: 65 WEST LOGAN RD Suite: # 1 Business Phone: _____

No.	Violations	No.	Locations/Remarks	Cleared			
ACCESS-							
1	<input checked="" type="checkbox"/> Maintain fire lane free of obstructions			/ /			
2	<input checked="" type="checkbox"/> Provide address numbering which is visible from street			/ /			
3	<input checked="" type="checkbox"/> Provide supra box for fire dept. access						
EXITING							
4	<input checked="" type="checkbox"/> Remove obstructions at exits, doors, aisles, corridors, stairways, etc.			/ /			
5	<input checked="" type="checkbox"/> Exit door to open without a key or any special knowledge or effort						
6	<input checked="" type="checkbox"/> Provide sign over main exit door(s)			/ /			
7	<input checked="" type="checkbox"/> Repair non-operable exit door hardware			/ /			
8	<input checked="" type="checkbox"/> 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					
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				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						
22	<input checked="" type="checkbox"/> Hood and duct extinguishing system to be serviced and tagged				2 nd	/ /	
23	<input checked="" type="checkbox"/> Remove grease from hood, duct, and filters (keep clean)						
FIRE ALARM SYSTEMS							
24	<input checked="" type="checkbox"/> Maintain, repair, inspect, and/or test fire alarm system				Refer to FPB	/ /	
FIRE SEPARATIONS							
25	<input checked="" type="checkbox"/> Repair holes in required fire resistive construction	3 rd	/ /				
26	<input checked="" type="checkbox"/> Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /				
ELECTRICAL							
27	<input checked="" type="checkbox"/> Discontinue use of extension cords	District attorney	/ /				
28	<input checked="" type="checkbox"/> Install permanent wiring for fixed or stationary appliance						
29	<input checked="" type="checkbox"/> Provide cover plates for all junction boxes	Final clearance	/ /				
30	<input checked="" type="checkbox"/> Remove exposed wiring or protect in approved conduit						
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 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 _____					
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	Inspecting Officer:	Inspecting Officer: _____ FPD _____ COMPANY _____ Shift _____ Page _____ of _____				
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE							

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

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: New Business
(check all that apply) Additional Location # _____
 Name Change
 Ownership Change
 Location Change
 Transient Vendor
 Concessionaire Vendor

License Fee: Business License Fee Pd 110.00
Transient License Fee _____
Concessionaire Fee _____
Additional Location _____
Other _____
Beach Vendor License also requires a BCI background check

Official Use Only:

Planning Commission: Approved Not Approved Date: _____
Town Council: Approved Not Approved Date: _____
Inspections: Building Insp.: Initial Date: _____ Final Date: _____
Fire Inspection: Initial Date: _____ Final Date: _____

Comments:

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

Business Name: SYMLIV INC
If name change, previous name: _____
Location Address: 69 N Paradise PKWY Bldg B Suite 224
City, State & Zip: Garden City, UT 84028
Business Phone: 435-612-2668
Cell Phone: 435-730-6559
Mailing Address: PO BOX 555
City, State & Zip: Garden City, UT 84028
E-mail Address: office@symliv.com

Owners Name: John Spuhler
Owners Location: 1832 S. 250 East
City, State & Zip: Garden City, UT 84028
Phone: 435-730-6559
Cell Phone: 435-232-0553

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: software development
Utah State Sales Tax Number: NA
Ut State Professional License No.: NA
Will you be installing a sign?: Yes No

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

I, We, John Spuhler 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: John Spuhler Date: May 7, 2026
Please print your name: John Spuhler

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: SYMLIV INC. Inspection Date: 5/19/26

Business Address: 69 N. PARADISE PKWY Suite: #224 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	Removed 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		PASS	
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			
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	Airrange storage in an orderly manner to provide access/egress			
37	Remove combustibile 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			
MISCELLANOUS				
43	None 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 _____

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Symbiv Inc.

Business Address: 69 N. Paradise Pkwy #224

Inspection Date: 6-1-26

Inspector: Dan L. Karch

<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

Dan L. Karch
6-1-26

Garden City Business License Application

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

Business Status: <input type="checkbox"/> New Business (check all that apply) <input type="checkbox"/> Additional Location = ____ <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Transient Vendor <input type="checkbox"/> Concessionaire Vendor	License Fee: Business License Fee _____ Transient License Fee _____ Concessionaire Fee _____ Additional Location _____ Other _____ Beach Vendor License also requires a BCI background check
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pd \$10.⁰⁰

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: _____

Comments: _____

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

Business Name: TE PLUMBING LLC

If name change, previous name: _____

Location Address: 20 W 150 S

City, State & Zip: GARDEN CITY, UT 84028

Business Phone: _____

Cell Phone: 480-372-1339

Mailing Address: PO BOX 343

City, State & Zip: GARDEN CITY, UT 84028

E-mail Address: jason@teplumbing.com

Owners Name: Jason Thornock

Owners Location: 20 W 150 S

City, State & Zip: GARDEN CITY, UT 84028

Phone: _____

Cell Phone: 480-372-1339

Kind of Business

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

Briefly Describe Your Business: Plumbing Contractors

Utah State Sales Tax Number: REFERENCE NUMBER 14270893-5501

Ut State Professional License No.: UTAH TAP 16514530-002

Will you be installing a sign?: NO

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

I, We, TE PLUMBING 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:** 05/05/2026

Please print your name: Jason Thornock



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 JASON THORNOCK, and doing business as TE PLUMBING, LLC., and located at PO BOX 343, GARDEN CITY, 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: 6-1-26

Welcome to

Garden City

Utah

Where Families Play

Business License Inspection

Business Name: Azure Water Therapeutic Massage

Business Address: 865N Harbor Village East Dr.

Inspection Date: January 24, 2025

Inspector: Dan + Chase

<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 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

One emergency light in basement hallway inop. (needs to be repaired)
Does not affect Azure water

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: AZURE WATERS Inspection Date: 12-3-25

Business Address: 65 W. LOGAN RD Suite: # 1 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			
20	Provide sprinkler coverage in unprotected areas	Re-inspection dates	Inspector:	
21	Provide spare sprinkler heads and/or compatible wrench	1 st	/ /	
22	Provide spare sprinkler heads and/or compatible wrench	2 nd	/ /	
23	Hood and duct extinguishing system to be serviced and tagged			
24	Remove grease from hood, duct, and filters (keep clean)			
	FIRE ALARM SYSTEMS			
25	Maintain, repair, inspect, and/or test fire alarm system	Refer to FPB	/ /	
	FIRE SEPARATIONS			
26	Repair holes in required fire resistive construction	3 rd	/ /	
27	Provide/repair self or automatic closing fire rated assemblies	Hearing	/ /	
	ELECTRICAL			
28	Discontinue use of extension cords	District attorney	/ /	
29	Install permanent wiring for fixed or stationary appliance			
30	Provide cover plates for all junction boxes	Final clearance	/ /	
31	Remove exposed wiring or protect in approved conduit			
32	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			
33	Labeling electrical rooms and breaker			
	FLAMMABLE LIQUIDS - COMPRESSED GASES			
34	Provide flammable liquid storage cabinet or reduce storage	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.		
35	Remove all fueled vehicles or equipment from buildings			
36	Secure compressed gas cylinders			
	STORAGE - HOUSEKEEPING			
37	Arrange storage in an orderly manner to provide access/egress			
38	Remove combustible storage from boiler, mechanical, or electrical rooms			
39	Reduce storage to 24" below ceiling or 18" from sprinkler heads			
40	Provide approved metal container from oily rag storage			
41	Remove waste & rubbish material from the premises daily			
42	Keep dumpster 5' away from buildings			
43	Keep dumpster 5' away from buildings			
	MISCELLANEOUS			
44	Clearance from ignition sources			
45	Other violations and comments			
NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE				

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BY ORDER OF THE FIRE CHIEF

SIGNATURE OF RECIPIENT:

____ Owner ____ manager ____ employee ____ other

Inspecting Officer: [Signature]
FPB _____ COMPANY _____ Shift _____ Page _____