

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:	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

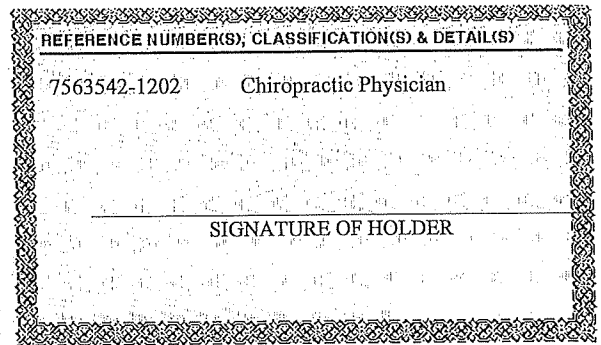
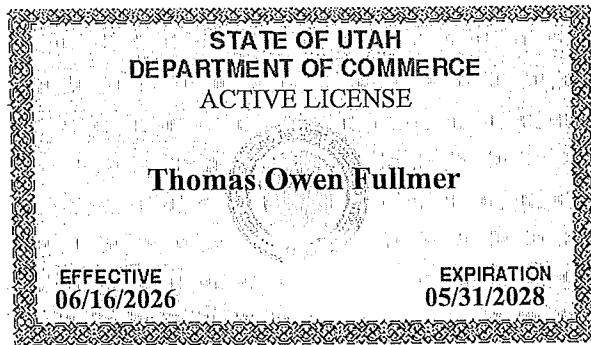
FIRE SAFETY INSPECTION REPORT

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"/> Removed obstructions from door required to be closed			
9	<input checked="" type="checkbox"/> Remove locks & latches from doors with panic hardware			/ /
10	<input checked="" type="checkbox"/> Remove storage from attic, under-floor and concealed spaces			
11	<input checked="" type="checkbox"/> Provide/maintain exit sign/emergency lighting			/ /
FIRE EXTINGUISHERS				
12	<input checked="" type="checkbox"/> Have fire extinguisher serviced and tagged			/ /
13	<input checked="" type="checkbox"/> Provide/mount fire extinguisher as indicated			/ /
14	<input checked="" type="checkbox"/> Provide clear access to fire extinguisher			
15	<input checked="" type="checkbox"/> Post a sign indicating fire extinguisher location			
16	<input checked="" type="checkbox"/> Maintain 3 foot clearance for access/use of fire appliances/equipment			/ /
FIRE PROTECTION SYSTEMS				
17	<input checked="" type="checkbox"/> Secure all system control valves in the open position	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	2 nd	/ /	
22	<input checked="" type="checkbox"/> Hood and duct extinguishing system to be serviced and tagged	Refer to FPB	/ /	
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	3 rd	/ /	
FIRE SEPARATIONS				
25	<input checked="" type="checkbox"/> Repair holes in required fire resistive construction	Hearing	/ /	
26	<input checked="" type="checkbox"/> Provide/repair self or automatic closing fire rated assemblies			
ELECTRICAL				
27	<input checked="" type="checkbox"/> Discontinue use of extension cords	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.		
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	BY ORDER OF THE FIRE CHIEF SIGNATURE OF RECIPIENT: _____ _____ Owner _____ manager _____ employee _____ other		
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	Inspecting Officer: _____ FPD _____ COMPANY _____ Shift _____ Page _____ of _____		
41	<input checked="" type="checkbox"/> Keep dumpster 5 ' away from buildings			
42	<input checked="" type="checkbox"/> Clearance from ignition sources	NO VIOLATIONS NOTED THIS DATE - THANK YOU FOR BEING SAFE		
43	<input checked="" type="checkbox"/> MISCELLANEOUS Other violations and comments			

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



IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice by email.
- Please note the address listed below is your public address of record for the Division. All future correspondence from the Division will be either mailed to this address or emailed to the email on record. If you move or change your email, it is your responsibility to keep DOPL informed. Maintaining a current address AND email with DOPL is the easiest way to ensure continuous licensure.

THOMAS OWEN FULLMER
1652 S HWY 165
PROVIDENCE UT 84332

Please visit our web site at
www.dopl.utah.gov should you have any
questions in the future.

