
PANGUITCH CITY COUNCIL

AGENDA

PANGUITCH CITY OFFICE
COUNCIL ROOM
25 SOUTH 200 EAST
PANGUITCH, UTAH 84759
SEPTEMBER 8, 2026, 5:30 PM

- OPENING CEREMONY
- ADOPTION OF THE AGENDA
- APPROVAL OF MINUTES
- TIFFANY TWITCHELL-SMITH – ASPEN VALLEY FLOODING
- BUSINESS LICENSE – SHED SPACE SOLUTIONS @ 475 E CENTER
- BUSINESS LICENSE – GARFIELD MEMORIAL HOSPITAL-GARFIELD MEMORIAL CLINIC
- PLANNING AND ZONING MEMBERS
- EXECUTIVE SESSION
- DEPARTMENT REPORTS/CALENDAR
- ADJOURNMENT

ZOOM MEETING LINK:

<https://us06web.zoom.us/j/9883569807?pwd=MnpyVUtiUk9rTm0vbGJZR29qSk5odz09>

Meeting ID: 988 356 9807

Passcode: 302178

REASONABLE ACCOMMODATION: The City of Panguitch will make efforts to provide reasonable accommodations to disabled members of the public in accessing City programs. Please contact Mat Houston at the Panguitch City office at least 24 hours in advance if you have special needs. Anyone who wishes to offer a prayer or thought in the opening ceremony at City Council is welcome to do so by calling City Manager Mat Houston at 435-676-8585 to schedule an appointment. Participation may be telephonic or electronic. **Items may not be covered in the order listed. Panguitch City is an equal-opportunity employer.**



PANGUITCH CITY BUSINESS LICENSE APPLICATION

25 South 200 East, PO Box 75, Panguitch, Utah 84759 Phone: 435-676-8585 Email: tyrissa@panguitchutah.gov

Date: Aug 19, 2026

Name of Business Shed Space Solutions DBA: _____
Type of Business Sale of Portable buildings
Business Address 475 E. Center St City Panguitch State UT Zip 84759
Mailing Address PO Box 2429 City Beaver State UT Zip 84713
State Sales Tax # 520 23 9030 Health Inspection Permit # _____ Contractor License # _____
Business Email shedspace solutions@gmail.com Business Phone # 801-529-5725
Name of Business Owner (if partnership, list all partners; if corporation, list principal officers)
Breann Kilbride
Owner Address 4269 N. Prospector Ln City Epoch State UT Zip 84721
Phone # 801-529-5725 Email Address shedspace solutions@gmail.com
Name of Manager _____ Manager Phone # _____

LICENSE FEES

- ☒ General Business License Fee - \$25.00
- ☒ Conditional Use Permit (one-time only fee) \$25.00
- ☐ Beer Permit - \$50.00
- ☐ Vendor Permits -
 - ☐ Up to 30 days - \$20.00
 - ☐ Yearly - \$25.00

Total amount due - \$ 25.00

NEW APPLICATIONS - This is an application for a business license; the actual license will be issued only when the completed application is received, reviewed, and approved by the city council. All information must be accurately completed, or the issuance of the license will be delayed. Issuance of the license shall in no way relieve the applicable zoning, health, building, and fire regulations. All state and Federal regulations must be complied with.

RENEWAL APPLICATIONS - Renewal forms are sent out at the beginning of every year. If you did not receive one, please contact Tyrissa at the Panguitch City Office. **Late Fee** - A late fee is applied if renewals are not completed by February 1st of each year.

HOME OCCUPATIONS - Home occupations require a conditional use permit.

SHORT-TERM RENTALS - A conditional use permit and a building inspection are required. Please request a STR packet.

HEALTH PERMIT REQUIRED - For all **FOOD ESTABLISHMENTS, FOOD TRUCKS, TANNING BEDS, BODY ART, AND SWIMMING POOLS.**

I, We, Breann Kilbride hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date Aug 19, 2026 Signed by B Kilbride

FOR OFFICIAL USE ONLY -

Health Permit Approval _____

Total Paid \$ 25.00 cash



PANGUITCH CITY BUSINESS LICENSE APPLICATION

25 South 200 East, PO Box 75, Panguitch, Utah 84759 Phone: 435-676-8585 Email: tyrissa@panguitchutah.gov

Date: 9/21/20

Name of Business Garfield Memorial Hospital - Garfield Memorial Clinic DBA: _____
Type of Business Hospital Clinic
Business Address 200 N 400 E City Panguitch State UT Zip 84759-0389
Mailing Address PO Box 389 City Panguitch State UT Zip 84759-0389
State Sales Tax # 87-000309 Health Inspection Permit # _____ Contractor License # _____
Business Email cheryl.berry@gmail.com Business Phone # 435-676-1262
Name of Business Owner (if partnership, list all partners; if corporation, list principal officers)
Garfield County
Owner Address PO Box 77 City Panguitch State UT Zip 84759
Phone # 435-676-8876 Email Address _____
Name of Manager DeAnn Brown Manager Phone # 435-676-1262
Hospital President

LICENSE FEES

- ☒ General Business License Fee - \$25.00
- ☐ Conditional Use Permit (one-time only fee) \$25.00
- ☐ Beer Permit - \$50.00
- ☐ Vendor Permits -
 - ☐ Up to 30 days - \$20.00
 - ☐ Yearly - \$25.00

Total amount due - \$ 25.00

NEW APPLICATIONS - This is an application for a business license; the actual license will be issued only when the completed application is received, reviewed, and approved by the city council. All information must be accurately completed, or the issuance of the license will be delayed. Issuance of the license shall in no way relieve the applicable zoning, health, building, and fire regulations. All state and Federal regulations must be complied with.

RENEWAL APPLICATIONS - Renewal forms are sent out at the beginning of every year. If you did not receive one, please contact Tyrissa at the Panguitch City Office. **Late Fee** - A late fee is applied if renewals are not completed by February 1st of each year.

HOME OCCUPATIONS - Home occupations require a conditional use permit.

SHORT-TERM RENTALS - A conditional use permit and a building inspection are required. Please request a STR packet.

HEALTH PERMIT REQUIRED - For all FOOD ESTABLISHMENTS, FOOD TRUCKS, TANNING BEDS, BODY ART, AND SWIMMING POOLS.

I, We Garfield Memorial Hospital - Garfield Memorial Clinic hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date 9/21/20 Signed by Cheryl Berry
Admin Asst GR

FOR OFFICIAL USE ONLY -

Health Permit Approval _____

Total Paid \$

pd CC payment

W Aspen Vly Dr

edges

W Aspen Vly Dr

N Kaycie Ln

N Creekview Dr

W Parkview Dr

W Aspen Vly Dr

W Birch Cir

W Aspen Vly Dr

Sto-It Self Storage Units

N Kaycie Ln

Phase 2

Phase 1

Google Maps