

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>100.00</u> Transient License Fee <u>✓ 1.25-21</u> 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: _____

Comments: _____

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

Business Name: Blue Water Bistro & Bakery

If name change, previous name: _____

Location Address: 105 W Logan Rd # 2

City, State & Zip: Garden City, UT 84028

Business Phone: _____

Cell Phone: 720 436 9550

Mailing Address: PO Box 120

City, State & Zip: Paris, ID 83261

E-mail Address: bluewaterbistrobakery@gmail.com

Owners Name: Brooke Bates

Owners Location: 31 E Center St

City, State & Zip: Paris, ID 83261

Phone: _____

Cell Phone: 720 436 9550

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: walk up counter serving bistro and bakery items and drinks & retail items.

Utah State Sales Tax Number: 21501116

Ut State Professional License No. 12124291-0160

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, Brooke Bates 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: Brooke Bates **Date:** 9.24.2021
Please print your name: Brooke Bates

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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>100.00</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: _____

Comments: _____

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

Business Name:	Taylor'd Gifts and Crafts
If name change, previous name:	_____
Location Address:	65 West Logan Road #1
City, State & Zip:	Garden City, UT 84028
Business Phone:	2088400937
Cell Phone:	4355571462
Mailing Address:	PO Box 539
City, State & Zip:	Garden City, UT 84028
E-mail Address:	Taylor'dGC@gmail.com
Owners Name:	Sherry Taylor and Shelly Walker
Owners Location:	331 West Bluegrass Way
City, State & Zip:	Garden City, UT 84028
Phone:	4355571462
Cell Phone:	_____

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Souvenirs and craft supplies. Craft classes will also be available. most souvenirs will be handmade, along with a T-shirt Press, Souvenir cups & Buckets with Frozen Slushies & Popcorn
 Utah State Sales Tax Number: 21S01050 PRE-MADE
 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, Sherry Taylor and Shelly Walker 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: Sherry S Taylor Shelly Walker Date: 1/20/2021
 Please print your name: Sherry Taylor Shelly Walker

Garden City Business License Application

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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 100.00 pd 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: _____

Comments: _____

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

Business Name:	Bear Lake Pool Care LLC
If name change, previous name:	_____
Location Address:	495 W Buttercup Lane
City, State & Zip:	Garden City, UT 84028
Business Phone:	801-971-6988
Cell Phone:	801-971-6987
Mailing Address:	PO Box 61
City, State & Zip:	Garden City, UT 84028
E-mail Address:	jimandpaulad@gmail.com

Owners Name:	Jim and Paula Degroot
Owners Location:	495 W Buttercup Lane
City, State & Zip	Garden City, UT 84028
Phone:	801-971-6988
Cell Phone:	801-971-6987

Kind of Business Retail Lodging Restaurant
 Professional Contractor Other

Briefly Describe Your Business: Pool care

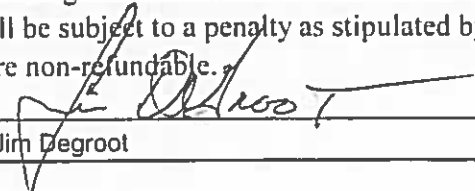
Utah State Sales Tax Number: No sales of merchandise

Ut State Professional License No.: CPO - 139512

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, Jim and Paula Degroot 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:** January 14, 2021
 Please print your name: Jim Degroot

Garden City Business License Application

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

paid
KH
CC

Business Status: (check all that apply) <input type="checkbox"/> New Business <input checked="" type="checkbox"/> Additional Location # <u>2</u> <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 \$60.00 ✓ 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: _____	

Comments: _____

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

Business Name: Bear Lake Funtime

If name change, previous name: _____

Location Address: Approx 250 South 300 West (address to be assigned)

City, State & Zip: Garden City, UT 84028

Business Phone: 435-946-3200

Cell Phone: 435-757-4399

Mailing Address: 1217 S. Bear Lake Blvd.

City, State & Zip: Garden City, UT 84028

E-mail Address: brianhirschi@hotmail.com

Owners Name: Brian Hirschi

Owners Location: 584 S. Maple Dr.

City, State & Zip: Garden City, UT 84028

Phone: _____

Cell Phone: 435-757-4399

Kind of Business

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

Briefly Describe Your Business: Recreational equipment sales, service, and rentals.
Retail store.

Utah State Sales Tax Number: 12559038-002-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, Brian Hirschi 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: Brian Hirschi Date: 1-21-21

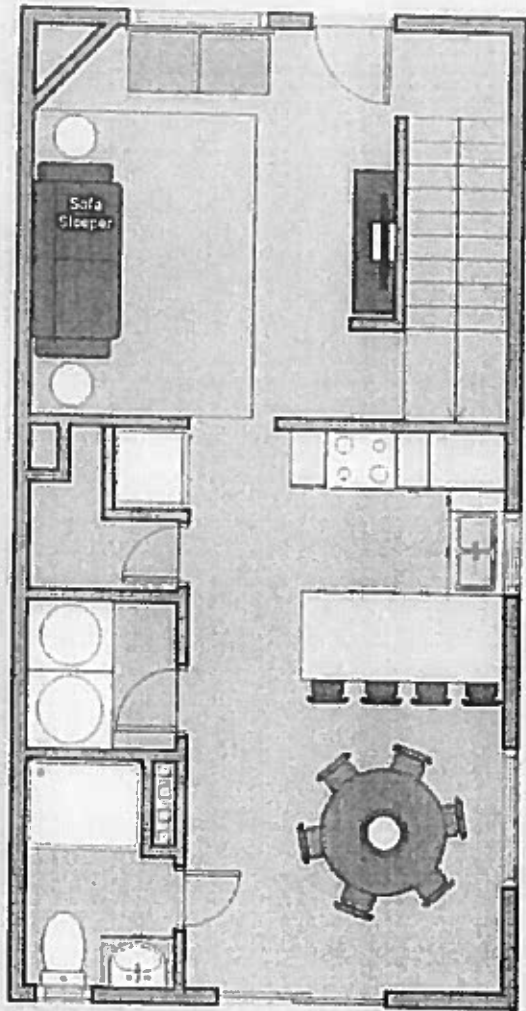
Please print your name: Brian Hirschi

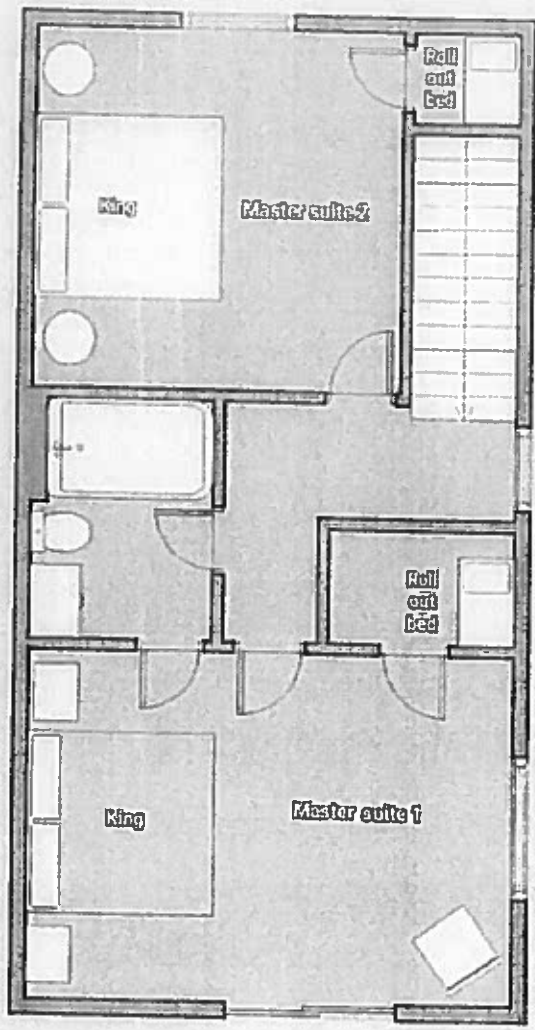


GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Amy and Joe Christensen
Owner or Property Management Company Address: 1184 W Hickman Cove, Murray, UT 84123
Owner or Property Management Company Phone #: 801-703-8973 (Amy) 801-414-6371 (Joe)
Emergency Contact Name and Phone #: <small>(must live within 15 minutes of property & be available 24/7)</small> Jesse Calder 435-881-7246
Contact Persons E-mail address: jcalder.gsr@gmail.com
Utah State Tax Number: <small>(must be registered to Garden City)</small> 15094208-003-STC

Owner of Property: Amy & Joe Christensen	Address of STR Property: 888 Newberg Drive #4, Garden City
Owners Phone #: 801-703-8973	Parcel ID Number: 41-17-130-00104
Owners mailing address: 1184 W Hickman Cove, Murray, UT 84123	Subdivision or resort where property is located: Harbor Village
Owners e-mail address: amyschristensen2019@gmail.com	joemchristensen@gmail.com

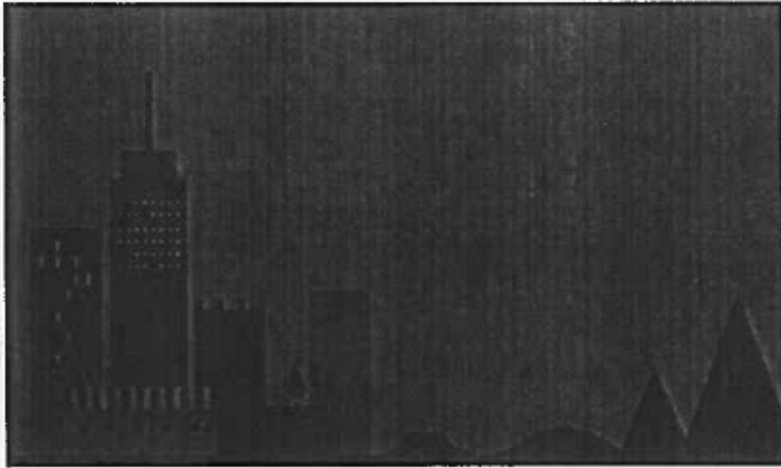




888 Newberg Dr #4



Imagery ©2020 State of Utah, Map data ©2020 20 ft



888 Newberg Dr

Garden City, UT 84028



Directions



Save



Nearby



Send to your phone



Share



XH6V+XF Garden City, Utah

SHORT TERM/NOTICES, REPAIRS-INSPECTION/CHIEF/CLERK

Address: 888 Newberg #4
 Date of inspection: 1-21-20
 Owner: ~~Stanley Bader~~ Amy Christensen
 Property Management: ~~Wenst~~
 Contact Name: ~~Terri Bawert~~
 Contact Phone #: 435-760-6634

		Time limit to correct
Safety Inspections:		
Handrails/leandrails	/	
Outdoor lights	/	
Entry lights	/	
Water shut off	/	
Breaker box labeled	/	
Gas shut off	/	
Hot water heater	/	
Furnace	/	
Water working	/	
Kitchen sink	/	
Fire Extinguishers	/	
Electrical outlet plates	/	
Check address on unit	/	
Others:		

Short Term Rental Inspection Form

Owner/responsible party Amy CHRISTENSEN Date 12-1-20

Address 888 N. NARBURG DR. Suite/Apt# #4

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

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

Inspected by:  Title: CWLIFE

Date: 12-1-20

Items that need to be corrected:



Garden City Garden City <townofgardencity@gmail.com>

Application

Amy Christensen <amyschristensen2019@gmail.com>
To: Garden City Garden City <townofgardencity@gmail.com>

Mon, Dec 14, 2020 at 12:35 PM

Jesse Calder

1 (435) 881-7246

Amy Christensen
801-703-8973

emergency - not Prop. Man. new

On Dec 14, 2020, at 12:04 PM, Garden City Garden City <townofgardencity@gmail.com> wrote:

[Quoted text hidden]



Welcome to

Garden City

Utah

Where Families Play

GARDEN CITY
SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name: Owner- Bear Lake Marina Condo LLC / Ryan and Candice Fink
Owner or Property Management Company Address: 4287 Harrison Blvd #114, Ogden, UT 84403
Owner or Property Management Company Phone #: 801-710-6159
Emergency Contact Name and Phone #: <small>(must live within 15 minutes of property & be available 24/7)</small> Karrie Wayman
Contact Persons E-mail address: kwayman6@gmail.com
Utah State Tax Number: <small>(must be registered to Garden City)</small> 15098907-003-STC

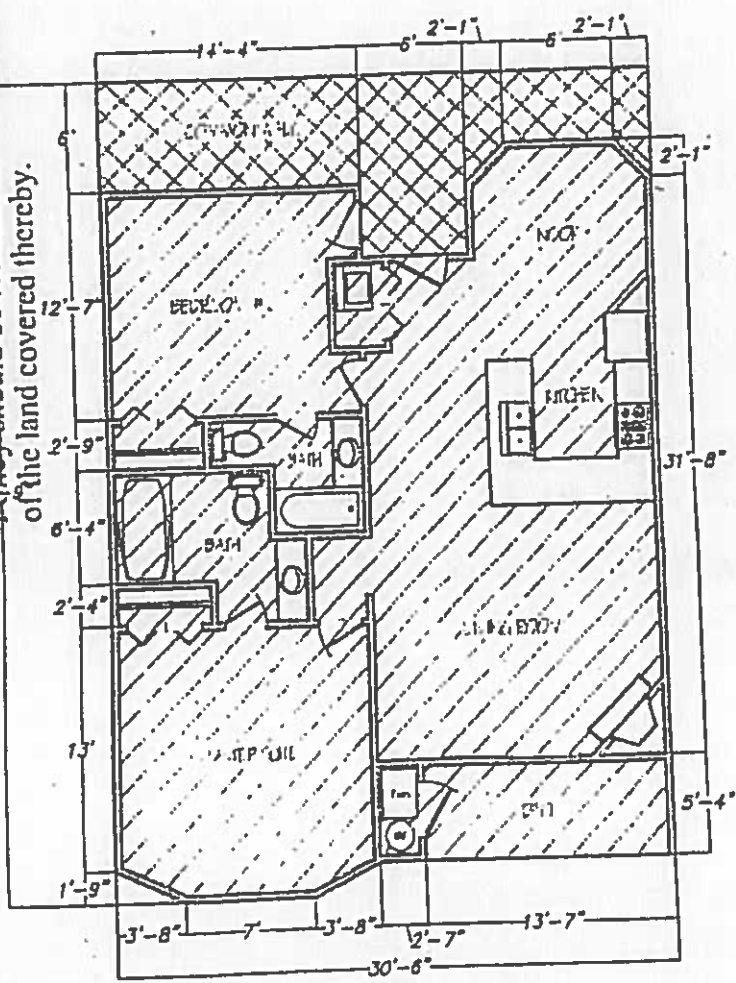
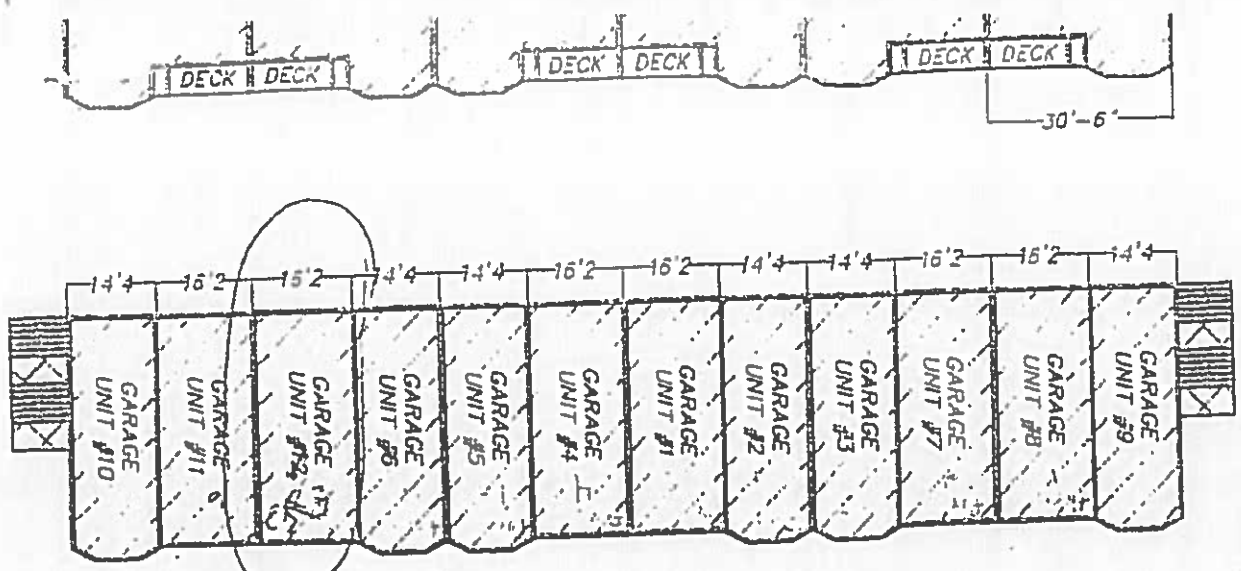
Owner of Property: Bear Lake Marina Condo LLC / Ryan and Candice Fink	Address of STR Property: 970 N Harbor Village East Dr #5
Owners Phone #: 801-710-6159	Parcel ID Number: 41-17-16D-0005, 41-17-06D-0112
Owners mailing address: 4287 Harrison Blvd #114, Ogden, UT 84403	Subdivision or resort where property is located: Inn Condominium at Harbor Village
Owners e-mail address: Bearlakemarinacondo@gmail.com	



EXPANSION PHASE IV

PART OF THE NE 1/4 OF SECTION 17, T14N, R5E, SLB&M
GARDEN CITY, RICH COUNTY, UTAH

Filed Nov 1, 1999
Filing No. 54847
Book K8 Page 128



FLOOR PLAN (TYPICAL)
1" = 10'

This map does not represent a survey of the land or imply any representations as to the size, area or any other facts related to the land shown thereon. It is furnished strictly for the purposes of generally locating the land. The description furnished in Schedule A of the Policy should be referred to for the description of the land covered thereby.

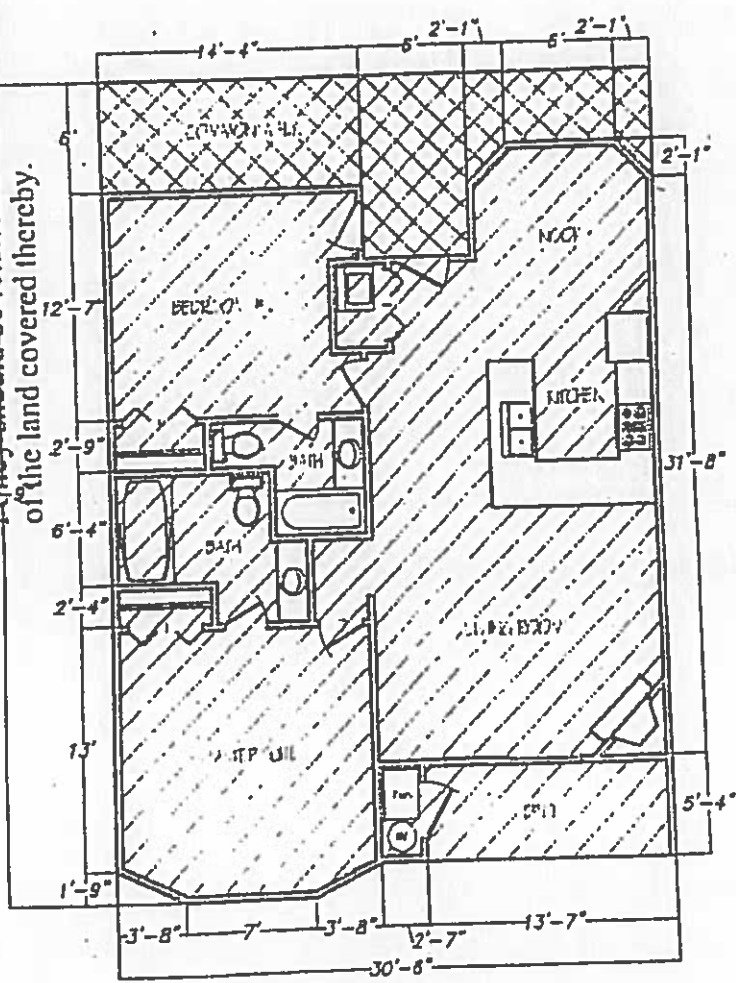
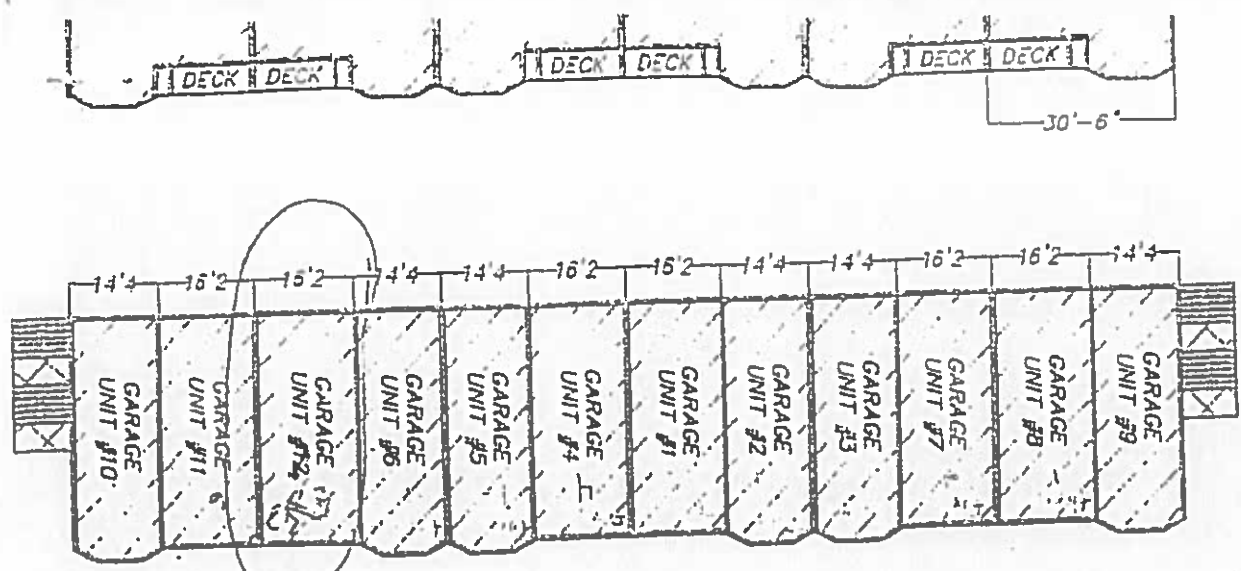
SECTION

ALT
HED

EXPANSION PHASE IV

PART OF THE NE 1/4 OF SECTION 17, T14N, R5E, SLB&M
 GARDEN CITY, RICH COUNTY, UTAH

Filed Nov 1, 1999
 Filing No. 54847
 Book K8 Page 128



FLOOR PLAN (TYPICAL)
 1" = 10'

This map does not represent a survey of the land or imply any representations as to the size, area or any other facts related to the land shown thereon. It is furnished strictly for the purposes of generally locating the land. The description furnished in Schedule A of the Policy should be referred to for the description of the land covered thereby.

SECTION
 ALT
 HED

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 970 N. Harbor Village East #15
 Date of inspection: 11-16-2020
 Owner: Cardice Sink
 Property Management: _____
 Contact Name: _____
 Contact Phone #: 801-710-6159

	Time limit to correct:
Safety Inspections:	
Handrails/Guardrails	<input checked="" type="checkbox"/>
Outdoor lights	<input checked="" type="checkbox"/>
Entry lights	<input checked="" type="checkbox"/>
Water shut off	<input checked="" type="checkbox"/>
Hot water heater	<input checked="" type="checkbox"/>
Furnace	<input checked="" type="checkbox"/>
Water working	<input checked="" type="checkbox"/>
Kitchen Sink	<input checked="" type="checkbox"/>
Fire Extinguishers	<input checked="" type="checkbox"/>
Electrical outlet plates	<input checked="" type="checkbox"/>
Check address on unit	<input checked="" type="checkbox"/>
Other:	

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address: 970 N Harbor Village East #5
 Date of inspection: 11-16-2020
 Owner: Candice Fink
 Property Management: _____
 Contact Name: _____
 Contact Phone #: 801-710-6159

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft.	15.5x15	12.5x11.1	14.5x13							
Exit Required	ok	ok	ok							
Window(s)	ok	ok	ok							
Smoke Detector	ok	ok	ok							
Total Sq. Ft.	232.5	175	188.5							

Total Occupancy allowed at this address: 9, shall not include children under the age of three (3).

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

Signatures: _____ Date: 11-16-2020
 Inspector: [Signature]
 Owner/Property Manager: [Signature]

Short Term Rental Inspection Form

Owner/responsible party CANDICE FINK Date 10-5-20

Address 970 N. HARBOR VILLAGE E. DRIVE Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

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

Inspected by [Signature] Title: CHIEF

Date: 10-5-20

Items that need to be corrected:

A
B
C

**GARDEN CITY
SHORT TERM RENTAL APPLICATION**

Owner or Property Management Company Name:	Janeer N Dority
Owner or Property Management Company Address:	12332 S Margaret Road Riverton, UT 84065
Owner or Property Management Company Phone #:	801 361 9150
Emergency Contact Name and Phone #: <small>(must live within 15 minutes of property & be available 24/7)</small>	Kerry Wayman 801 503 2729
Contact Persons E-mail address:	kwayman6@gmail.com
Utah State Tax Number: <small>(must be registered to Garden City)</small>	15168439-002--STR

Jaydee 62009 @ yahoo.com

Owner of Property:	Janeer Dority	Address of STR Property:	190 S Bear Lake Blvd Garden City UT
Owners Phone #:	801 361 9150	Parcel ID Number:	See Attached "M" ? 41-21-470-0004
Owners mailing address:	Riverton UT 12332 S Margaret Rose Dr 84065	Subdivision or resort where property is located:	Bear Lake Garden City UT
Owners e-mail address:	Jaydee 62009 @ yahoo.com		Lot 1, Plat Name Wood Haven, Rich County

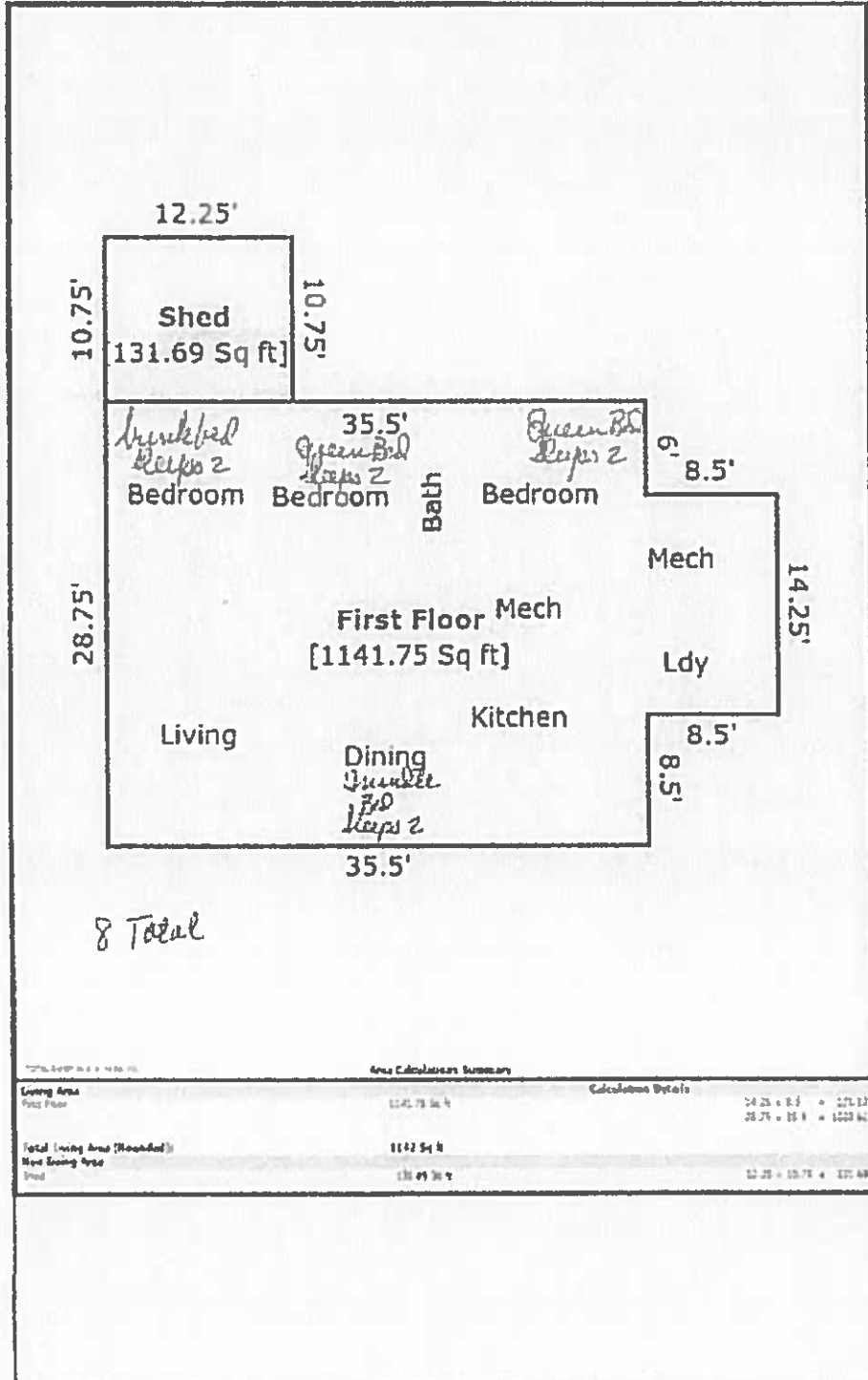
(F) Zone C1
 Street Address 190 S Bear Lake Blvd
 Garden City, UT 84028
 Fire - Mike
 Building - George

SKETCH ADDENDUM

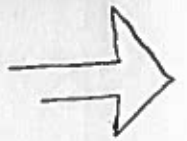
Fig. 0 0071A



Bureau Chief: Dorothy Jancos
 Project Address: 100 S Bear Lane Blvd
 City: Garden City County: Rich State: UT Zip Code: 84026
 Lender: Capital Home Loans



Area Calculations Summary		Calculation Details	
Living Area	1141.75 Sq ft	14.25 x 8.5 = 121.13	28.75 x 8.5 = 244.38
Total Living Area (Included)	1142 Sq ft		
Net Living Area	131.69 Sq ft	12.25 x 10.75 = 131.69	





Janece Summers

4:14 PM
(44
minutes
ago)

to me

Hi again, See attached info. The parking is the far northwest area on the other side of the driveway for Baby Bear. Two spots are to it and the remaining spots (9 are for Mama Bear)

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 190 S. B. B/VG
 Date of inspection: _____
 Owner: _____
 Property Management: _____
 Contact Name: _____
 Contact Phone #: _____

Safety Inspections:		Time limit to correct:
Handrails/Guardrails	ok	
Outdoor lights	ok	
Entry lights	ok	
Water shut off		
Hot water heater	ok	
Furnace	ok	
Water working	ok	
Kitchen Sink	ok	
Fire Extinguishers	ok	
Electrical outlet plates	Needs a GFI in Bathroom.	
Check address on unit		
Other:		

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address: 1905 BL Blvd 1
 Date of inspection: _____
 Owner: _____
 Property Management: _____
 Contact Name: _____
 Contact Phone #: _____

Sleeping Room	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Sq Ft	9x12	9x12	9x12	10x12						
Exit Required	✓	✓	✓	✓						
Window(s)	✓	✓	✓	✓						
Smoke Detector	Needs	Needs	Needs	Needs						
Total Sq. Ft.	108	108	108	264						

Total Occupancy allowed at this address: 11 shall not include children under the age of three (3).

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

Signatures: _____ Date: 12-18-2020
 Inspector: _____
 Owner/Property Manager: _____

Short Term Rental Inspection Form

Owner/responsible party JANRE DORRITY Date 11/23/20
Address 190 S. BEAR LAKE BLVD Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

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- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
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Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

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

Inspected by: [Signature] Title: CHIEF

Date: _____

Items that need to be corrected:

Registered Unit Number	Permit Holder Name 1	Contact Email
4	Karen Foster Jason and Kristen Messer Russ and Kim Laing Taylor Properties, LLC Jafus Palmer Cristina and Jerry Silva Adam Salisbury Sharron Warrick - Spruce Garden Group, LLC Jordan & Carly Checketts Janece N. Dorrity Amy Christensen Candice Fink	fosterkaren84@gmail.com tryanstevens@gmail.com info@bearlakepremiercabins.com info@bearlakepremiercabins.com info@bearlakepremiercabins.com tryanstevens@gmail.com Terri.bennett@vacasa.com matt@letsgetawayproperties.com matt@letsgetawayproperties.com jaydee62009@yahoo.com amyschristensen2019@gmail.com bearlakemarinacondo@gmail.com
208		
4		
5		

Source	Parcel Number	Registration Number	Registered Address
registration_system	41214120015	STR21-00003	276 W Seasonal Lane, Garden City, UT 84028, USA
registration_system	41171700204	STR21-00002	874 Newberg Pl, Garden City, UT 84028, USA
registration_system	41170400003	STR21-00006	868 Blackberry Dr, Garden City, UT 84028, USA
registration_system	41170500015	STR21-00005	721 Cambry Dr, Garden City, UT 84028, USA
registration_system	41170500013	STR21-00004	695 Cambry Dr, Garden City, UT 84028, USA
registration_system	41170700208	STR21-00001	865 Harbor Village E Dr, Garden City, UT 84028, USA
registration_system	41160000071	STR20-00378	334 N 130 W, Garden City, UT 84028, USA
registration_system	41290100055	STR20-00377	410 Spruce Cir, Garden City, UT 84028, USA
registration_system	41172300002	STR20-00376	720 N Lochwood Dr, Garden City, UT 84028, USA
registration_system	41214700001	STR20-00375	190 S Bear Lake Blvd, Garden City, UT 84028, USA
registration_system	41171300104	STR20-00372	888 Newberg Dr, Garden City, UT 84028, USA
registration_system	41171600005	STR20-00371	970 N Harbor Village E Dr, Garden City, UT 84028, USA

Emergency Contact Phone	Signature
8013903786	Karen Marie Foster
8016641985	Todd Stevens
3852250066	Julie Dotson
3852250066	Julie Dotson
3852250066	Julie Dotson
8016641985	Todd Stevens
4357607046	Terri Bennett
4357572131	Matt Goodell
4357572131	Matt Goodell
8015032729	Janece N Dorrity
8017038973	Amy Christensen
8017106159	Candice Fink

Trauis Hunsaker



NTR-105450
When Recorded Mail To:
Davin Foster
1828 East 2050 North
Layton UT 84040

RESPA WARRANTY DEED

Lakeview Custom Cabins, LLC, a Utah limited liability company

Grantor(s) of Tremonton, County of Box Elder, State of Utah, hereby *CONVEY AND WARRANT* to

~~Davin Foster and~~ Karen Foster AND Davin^{Foster,} wife and husband as joint tenants

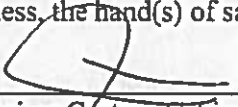
Grantee(s) of Layton, County of Davis, State of Utah, for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION, the following described tract of land in Rich County, State of UT:

LOT 15 BEAR LAKE ESCAPE SUBDIVISION, PUD, PHASE 1 AS SHOWN BY THE OFFICIAL PLAT FILED IN THE OFFICE OF THE RECORDER OF RICH COUNTY, UTAH.

(41-21-412-0015)

Subject to easements, declarations of covenants and restrictions, rights of way of record, and taxes for the current year and thereafter.

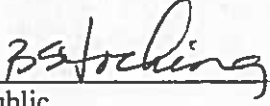
Witness, the hand(s) of said Grantor(s), this September 4, 2020



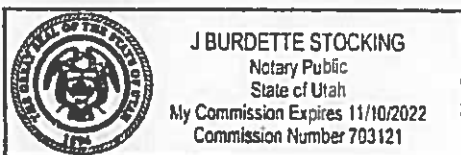
Lakeview Custom Cabins, LLC
By: Jay B. Stocking
Its: Manager/ Member

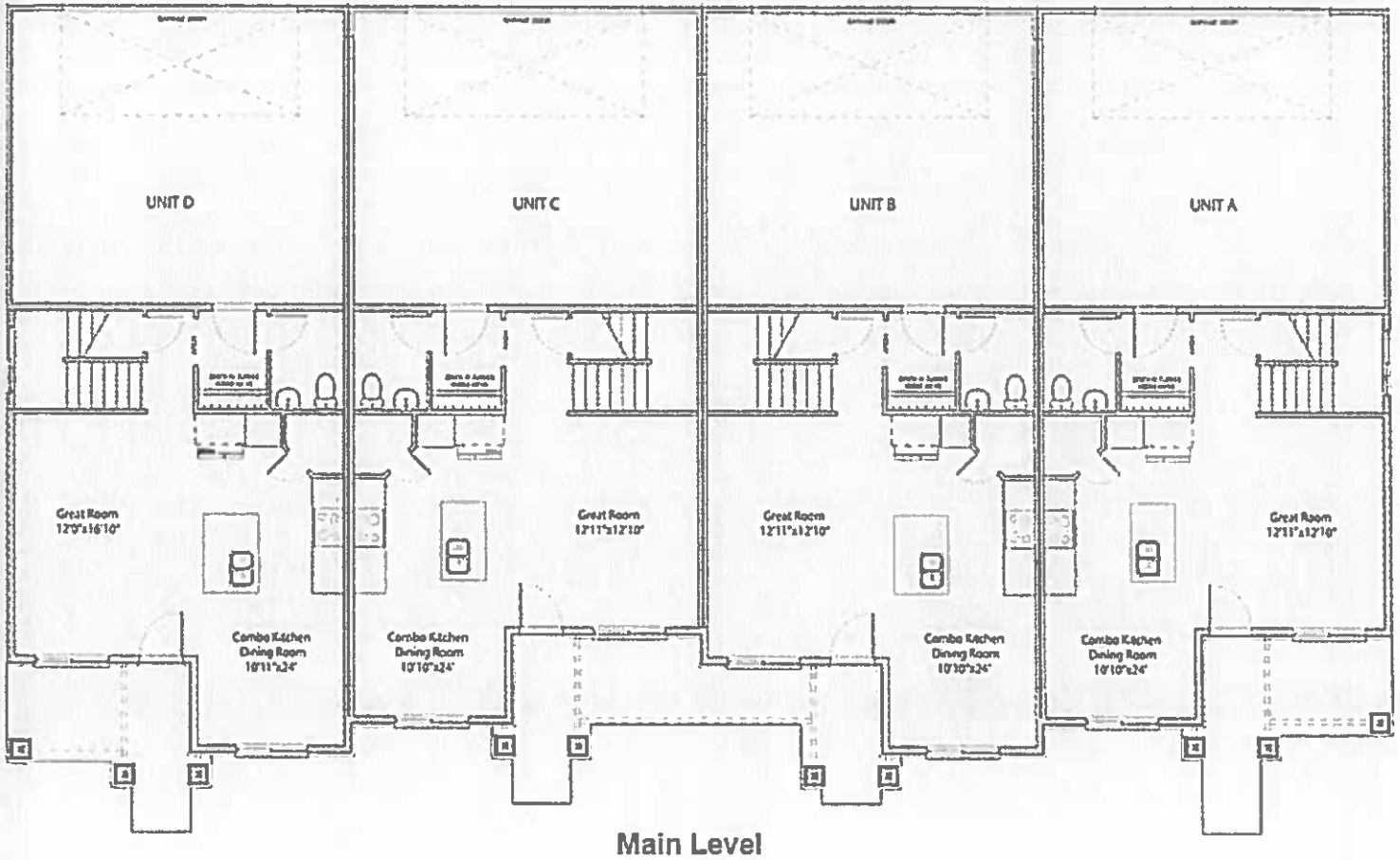
State of Utah }
County of Box Elder }§

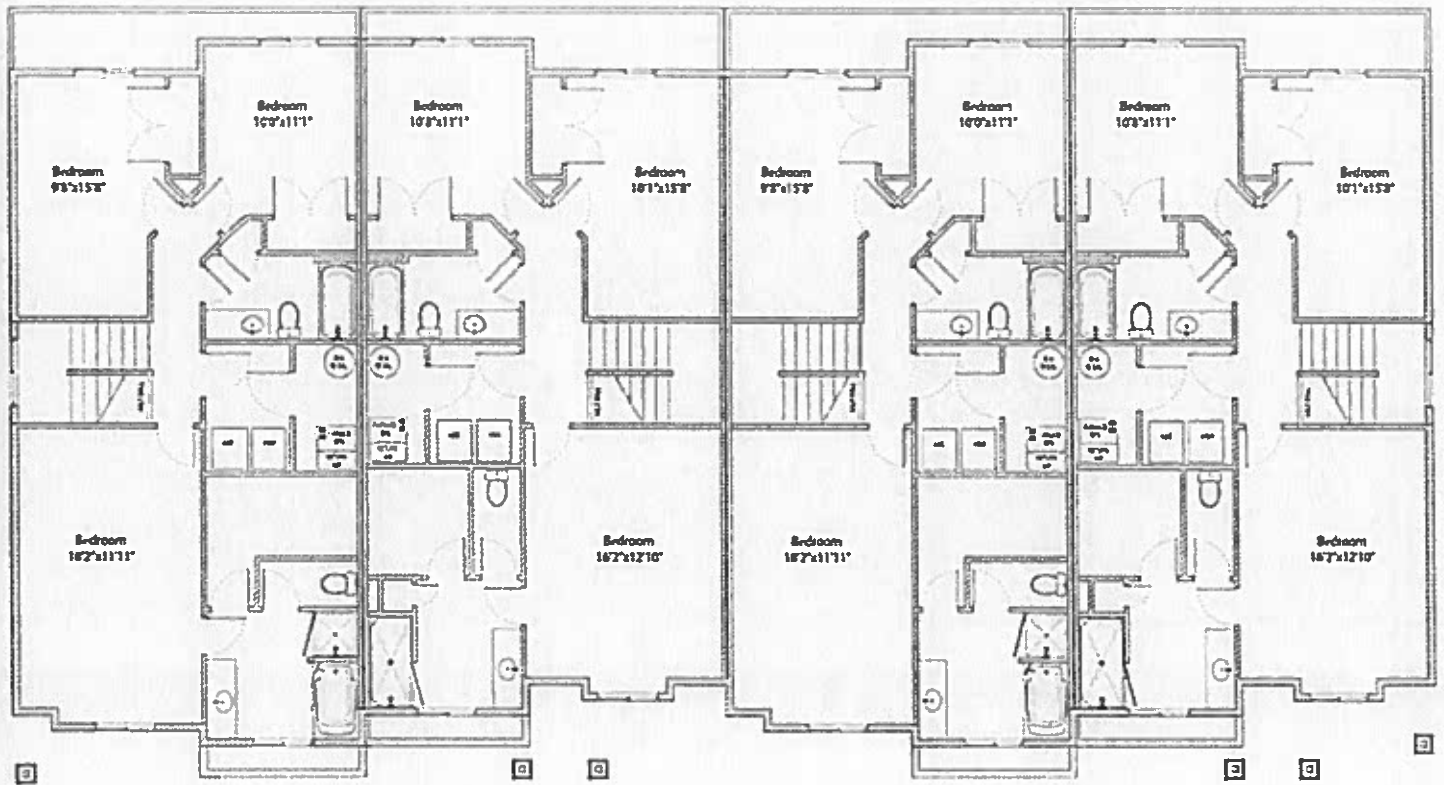
On 4th day of September, 2020, personally appeared before me, a Notary Public, Jay B. Stocking who, being by me duly sworn, did say that he is the Manager/Member of Lakeview Custom Cabins, LLC and that said instrument was signed in behalf of said Limited Liability Company by the authority of its Articles of Organization and Operating Agreement, and the aforesaid individual acknowledged to me that said Company executed the same.



Notary Public







SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address: _____
 Date of inspection: _____
 Owner: _____
 Property Management: _____
 Contact Name: _____
 Contact Phone #: _____

Sleeping Room Sq Ft.	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Exit Required Window(s)	/	/	/	/	/					
Smoke Detector	/	/	/	/	/					
Total Sq. Ft.	1488	991.75	200	1472.25	1102.25		725.25			

Total Occupancy allowed at this address: 14, shall not include children under the age of three (3).

Minimum parking required at this address: 4 Total number of parking spots on Property 4. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures:
 Inspector: [Signature] Date: 1-11-2021
 Owner/Property Manager: [Signature] 11/11/2021

Short Term Rental Inspection Form

Owner/responsible party KAREN FOSTER Date 1-11-21

Address 276 SEASONS LN. Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
- (may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

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

Inspected by: [Signature] Title: CHIEF

Date: 1-11-21

Items that need to be corrected:

PUT FIRE EXTINGUISHER PLACARD ON PANTRY DOOR AND
TAKEN ME A PICTURE TO VERIFY (GMM)

Registered Unit Number	Permit Holder Name 1	Contact Email
4	Karen Foster Jason and Kristen Messer Russ and Kim Laing Taylor Properties, LLC Jafus Palmer Cristina and Jerry Silva	fosterkaren84@gmail.com tryanstevens@gmail.com info@bearlakepremiercabins.com info@bearlakepremiercabins.com info@bearlakepremiercabins.com tryanstevens@gmail.com
208	Adam Salisbury Sharron Warmick - Spruce Garden Group, LLC Jordan & Carly Checketts	Terri.bennett@vacasa.com matt@letsgetawayproperties.com matt@letsgetawayproperties.com
4	Janece N. Dority Amy Christensen	jaydee62009@yahoo.com amyschristensen2019@gmail.com
5	Candice Fink	bearlakemarinacondo@gmail.com

Source	Parcel Number	Registration Number	Registered Address
registration_system	41214120015	STR21-00003	276 W Seasons Lane, Garden City, UT 84028, USA
registration_system	41171700204	STR21-00002	874 Newberg Pl, Garden City, UT 84028, USA
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registration_system	41170700208	STR21-00001	865 Harbor Village E Dr, Garden City, UT 84028, USA
registration_system	41160000071	STR20-00378	334 N 130 W, Garden City, UT 84028, USA
registration_system	41290100055	STR20-00377	410 Spruce Cir, Garden City, UT 84028, USA
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registration_system	41171600005	STR20-00371	970 N Harbor Village E Dr, Garden City, UT 84028, USA

Emergency Contact Phone	Signature
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8016641985	Todd Stevens
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8016641985	Todd Stevens
4357607046	Terril Bennett
4357572131	Matt Goodell
4357572131	Matt Goodell
8015032729	Janece N Dorrity
8017038973	Amy Christensen
8017106159	Candice Fink



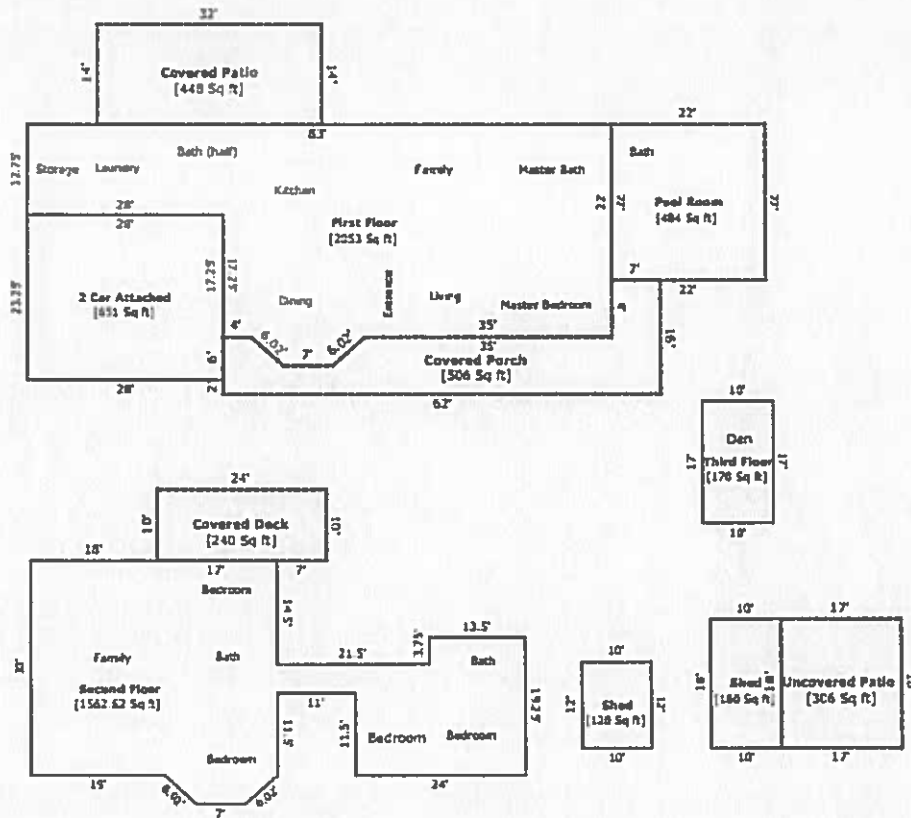
Terri Bennett <terri.bennett@vacasa.com>

Floor Plan

1 message

Adam & Shannon Salisbury <salisburyas2010@gmail.com>
To: Terri Bennett <terri.bennett@vacasa.com>

Fri, Dec 18, 2020 at 8:44 AM





PROPERTY RENTAL INSPECTION CHECKLIST (Page 2)

SS: _____

Inspection: _____

Property Management: _____

Owner Name: _____

Contact Phone #: _____

Unit #	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
29x15	✓	13.5x19.5	14x14	12x15	10.5x10.5	14.5x14				
Trailer	✓	✓	✓	✓	✓	✓				
Operator	✓	✓	✓	✓	✓	✓				
Area	435	128.25	196	100	116.22	263				

Occupancy allowed at this address: 23 shall not include children under the age of three (3).

Return parking required at this address: 6. Total number of parking spots on Property: 10-11. All vehicles include tires, bolts, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Inspector: _____
Inspector: _____
Inspector: _____

Property Manager: _____

Date: 12-4-2020

175.0

VACASA

used

Short Term Rental Inspection Form

Owner/responsible party VACASA Date 12/5/20

Address 334 N. 130 W. Green Bay Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

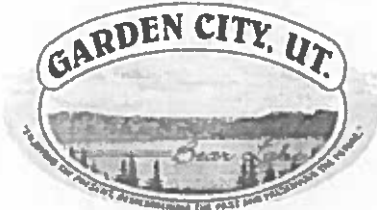
Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/ Hazardous extension cords
- No flammable liquids or gases in the utility/ furnace room or closet. Free access to furnace/ utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

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



GARDEN CITY SHORT TERM RENTAL APPLICATION

Owner or Property Management Company Name:	
Jarom Matsuda, Manager: Vacasa LLC	
Owner or Property Management Company Address:	
P.O Box 301, Garden City, Utah 84028	
Owner or Property Management Company Phone #:	
Jarom Matsuda -303.903.5816, vacasa - 503.345.9399	
Emergency Contact Name and Phone #: <small>(must live within 15 minutes of property & be available 24/7)</small>	
Samantha 435-760-7046	
Contact Persons E-mail address:	
Samantha.eastman@vacasa.com	
Utah State Tax Number: <small>(must be registered to Garden City)</small>	Parcel ID # 41-30-090-0063
13905689-003-STC	

The following information and documentation shall be contained in the application and provided to the Clerk:

- A. Completed Application signed by the Owner.
- B. Proof of Ownership for each unit.
- C. Site Plan drawn to scale for each unit, including the parking area with each parking space mapped out.
- D. Proof of valid insurance for each unit being licensed for short term rentals.
- E. Floor plan drawn to scale with dimensions.
- F. Zone designation and street address for each unit.
- G. If direct vehicular access from the Property to a public street is not shown on the Site Plan, the Application must include a Temporary Access Easement from the owners of each property over which vehicles must pass to access the Property. All Temporary Access Easements shall be signed and notarized by the owner or owners of the property or properties granting the Temporary Access Easements. Upon the termination of any Temporary Access Easement, it shall be the responsibility of the Owner to obtain a new Temporary Access Easement from the new property owner. Failure to obtain a replacement Temporary Access Easement shall be cause for termination of the License.

- H. Copies of currently valid Town and State Sales Tax collection and accounting numbers in the name of the Owner or the Property Management Company.
- I. The name, address, and contact information including a 24-hour contact phone number for the person at the Property Management Company managing the Property; or, if there is no Property Management Company, the name, address and contact information, including a 24-hour contact phone number, of a person living with 15 minutes of the property(s), who may be the Owner or Owner's Agent, and who can be contacted in the event of an emergency.
- J. Inspection by the Garden City Building Inspector and Garden City Fire Chief.
- K. A signed acknowledgement on the application, that the Owner, Property Management Company, and/or Owner's agent, if any, have read all of the Town's regulations pertaining to the operation of a Short Term Rental.
- L. The Owner shall sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations. If there is a Property Management Company or other agent of the Owner managing the Short Term Rental, the agent or an authorized officer of the Property Management Company, or both, shall also sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations.

Fill out one section for each location you are renting: (you may need to fill out a second application for more locations).

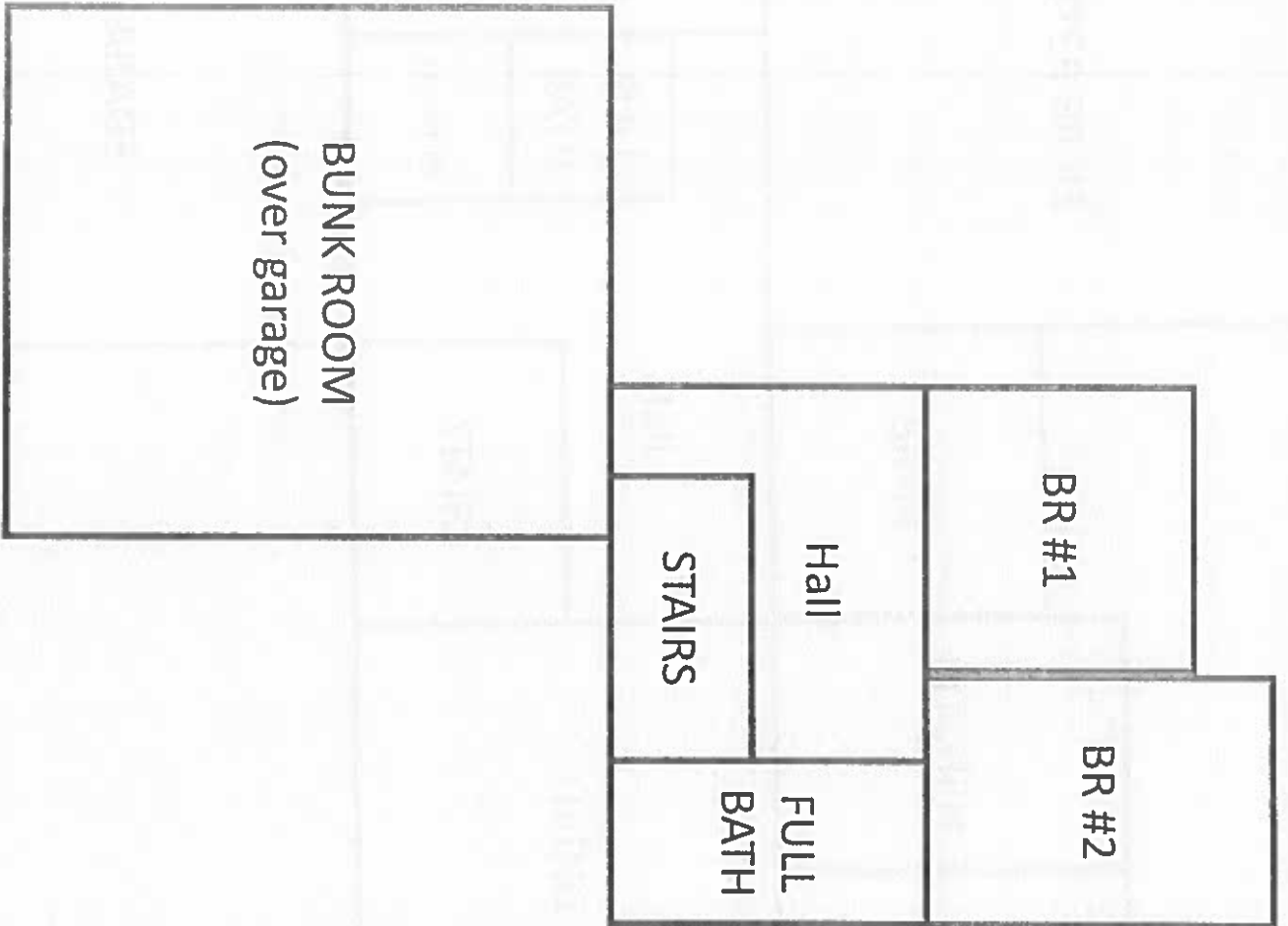
Owner of Property: Jarom Matsuda	Owners Phone #: 303.903.5816
Address of Property: 881 S Boosway Circle, Garden City, 84028	Subdivision or resort where property is located:
Owners mailing address: 11039 S Albion Pass Ct South Jordan, UT 84095	

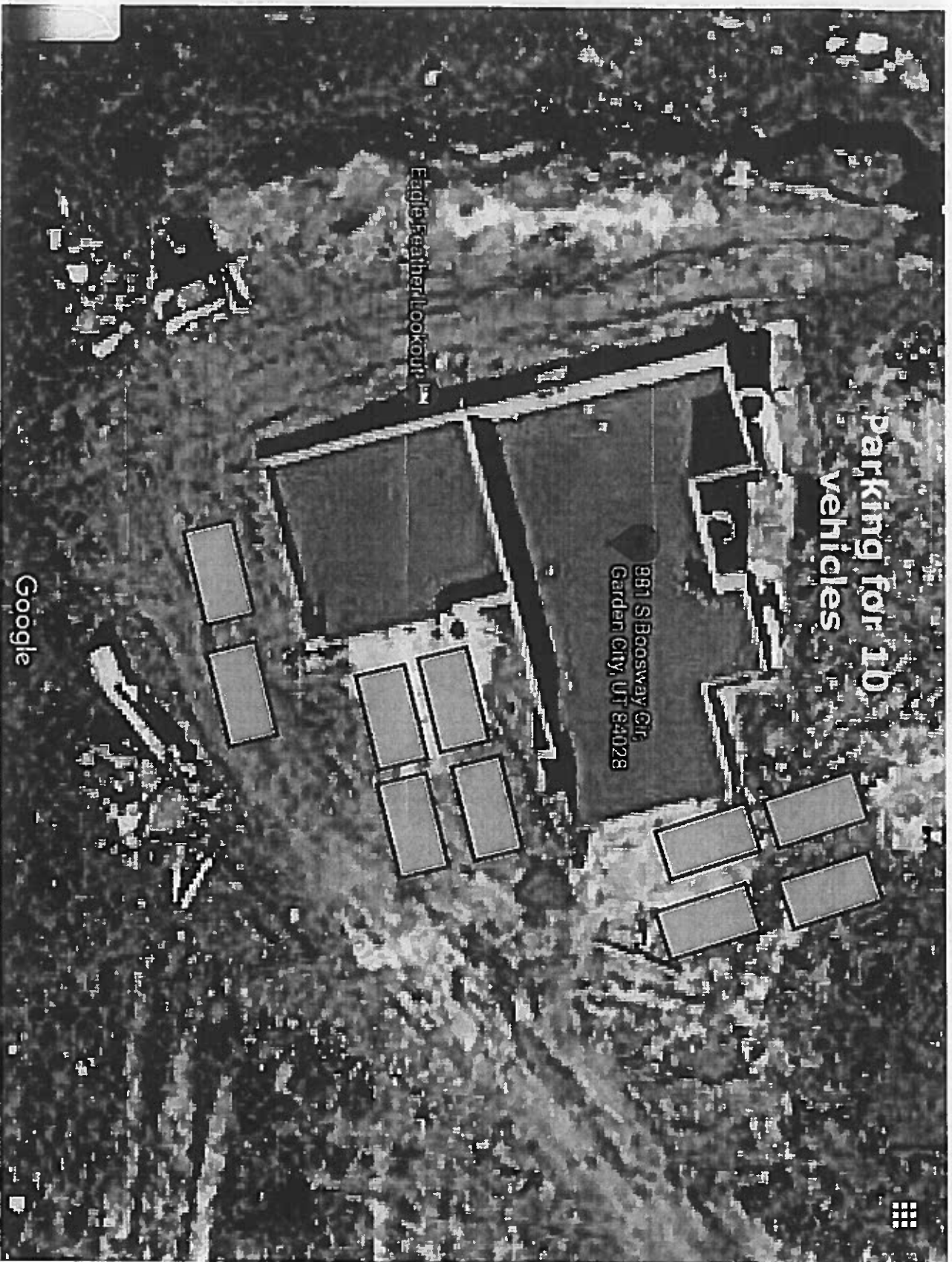
Owner of Property:	Owners Phone #:
Address of Property:	Subdivision or resort where property is located:
Owners mailing address:	

As the Owner/Property Management Company for the above listed properties I understand that I am responsible for:

- I. The Owner or Property Management Company, or other agent of Owner shall:
 - a. mail or provide directly to the party signing any rental agreement or reserving the Property a copy of all Short Term Rental rules and regulations as soon as possible, but no later than 10 days after reserving the Property; and

Second Level





SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST

Address: 881 Boosway Circle.
Date of inspection: 12/4/20
Owner: Jayna Matsuda
Property Management: Varca 554.
Contact Name: Samantha Eastman
Contact Phone #: 435-7100-7046

	Time limit to correct:
Safety Inspections:	
Handrails/Guardrails	OK
Outdoor lights	OK
Entry lights	OK
Water shut off	OK
Hot water heater	OK
Furnace	OK
Water working	OK
Kitchen Sink	OK
Fire Extinguishers	OK
Electrical outlet plates	OK
Check address on unit	OK
Other:	

41541

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (page 2)

Address: 881 Boosway Circle

Date of inspection: _____

Owner: _____

Property Management: VacassA

Contact Name: _____

Contact Phone #: _____

Sleeping Room Sq Ft.	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Exit Required	OK	✓	✓	✓	✓	✓	✓	✓	✓	✓
Window(s)	OK	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smoke Detector	OK	OK	✓	✓	✓	✓	✓	✓	✓	✓
Total Sq. Ft.	150	141	143	255	100	168	180	141.75	141.75	256.5

Total 1980

Total Occupancy allowed at this address: 39, shall not include children under the age of three (3).

Minimum parking required at this address: 10. Total number of parking spots on Property 20. All vehicles include trailer's, boats, motor homes, etc., shall park on property. Each trailer is considered a vehicle.

Signatures: Inspector: _____ Date: 12-4-2022

Owner/Property Manager: _____

1793.5

VACASA

EAGLE FEATHER LOOKOUT

Short Term Rental Inspection Form

Owner/responsible party VACASA

Date 12/8/20

Address 881 S. BOGSWAY CIR.

Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABG type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
(may be mounted behind closet or cabinet door with placard on door)
- Provide free and clear access to the fire extinguisher

Fire Alarms/CO Detectors

- Smoke/Fire alarms in every bedroom, great room, and halls immediately adjacent to bedrooms
- One CO detector installed for each level of the home
- Smoke detectors communicate and activate at the same time

Electrical, HAZMAT, and Storage

- Label electrical panel box breakers
- Cover plates on all junction boxes, outlets, switches. No exposed wiring/hazardous extension cords
- No flammable liquids or gasses in the utility/furnace room or closet. Free access to furnace/utilities

Safety

- No obvious safety hazards determined at the discretion of the inspecting officer

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

Inspected by: [Signature]

Title: CHIEF

Date: _____

Items that need to be corrected:

Registered Unit Number	Permit Holder Name 1	Contact Email
4	Karen Foster Jason and Kristen Messer Russ and Kim Laing Taylor Properties, LLC Jafus Palmer Cristina and Jerry Silva Adam Salisbury	fosterkaren84@gmail.com tryanstevens@gmail.com info@bearlakepremiercabins.com info@bearlakepremiercabins.com info@bearlakepremiercabins.com tryanstevens@gmail.com Terri.bennett@vacasa.com
208	Sharron Warrnick - Spruce Garden Group, LLC Jordan & Carly Checketts Janece N. Dorriety	matt@letsgetawayproperties.com matt@letsgetawayproperties.com jaydee62009@yahoo.com
4	Amy Christensen	amyschristensen2019@gmail.com
5	Candice Fink	bearlakemarinacondo@gmail.com

Source	Parcel Number	Registration Number	Registered Address
registration_system	41214120015	STR21-00003	276 W Seasons Lane, Garden City, UT 84028, USA
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8016641985	Todd Stevens
3852250066	Julie Dotson
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4357607046	Terri Bennett
4357572131	Matt Goodell
4357572131	Matt Goodell
8015032729	Janece N Dority
8017038973	Amy Christensen
8017106159	Candice Fink

SHORT TERM/NIGHTLY RENTAL INSPECTION CHECKLIST (Form 2)

Address: 4116 Spence Cir.

Date of inspection: 11-16-2020

Owner: Shannon Whitbeck Ford

Property Management: LTS Get Away Prop. LLC

Contact Name: Zach Miller

Contact Phone #: 435-757-2131

Sleeping Room Sq Ft.	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Exit Required (Windows)	/	/	/	/	/	/	/	/	/	/
Smoke Detector	/	/	/	/	/	/	/	/	/	/
Total Sq. Ft.	200	180	1236	4168	1505	14875	222	195	168	17805

Total Occupancy allowed at this address: 35 shall not include children under the age of three (3)

Minimum parking required at this address: 9 Total number of parking spots on property: 10 All vehicles include trailer's, boats, motor homes, etc. shall park on property. Equestrian trails/cross considered a vehicle.

Inspector: [Signature] Date: 11-16-2020

Owner/Property Manager: [Signature]

LOTS GOT AWAY PROPERTIES

Short Term Rental Inspection Form

Owner/responsible party HAYDON GRANT Date 11/30/20

Address 410 SPRUCE CIRCLE Suite/Apt# _____

Access

- Maintain fire lane free of obstruction
- Provide address numbers visible from the street

Fire Extinguishers

- Have new or refurbished and tagged ABC type fire extinguisher for each kitchen or kitchenette
- Mount fire extinguishers in plain view and access of kitchen
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Inspected by: [Signature] Title: CHIEF

Date: 11/30/20

Items that need to be corrected:

