

License # 9733

Application for Business License - Town of Mills

DATE 10/22/20



Incomplete Applications will be returned. **Complete all fields in RED**

I, Hayley Tennant, the Owner of Rightway Real Estate, LLC
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 4921 W Highway St Mills, WY 82644
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired (fee is doubled)
- Commercial **\$65.00**
- Home **\$65.00**
- Itinerant Sales **\$25.00**

PAID
NOV 09 2020
TOWN OF MILLS

do hereby apply to the Town Council of the Town of Mills for a Business License to operate my
Rentals/Realtor within the Town of Mills for a
DESCRIBE THE TYPE OF BUSINESS

***** All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.*****

period of ONE year, beginning the 15 day of DECEMBER, 2020.

Business mailing address: 4450 S Center St.
City Casper State WY Zip 82601

OFFICE USE ONLY
I, CHRISTINA THUMBALL, Town Clerk of the Town of Mills Wyoming, do hereby certify that the above license was read, examined and was / was not granted at a regular meeting of the Town Council held on the 15 day of DECEMBER, 2020.
Attest _____
Town Clerk

Business phone number: _____ WY Tax ID Number: _____

Do you travel in and out of Mills, WY for your Business? YES NO

Do you have any type of equipment, trucks, cars, trailers, materials, etc. that will be parked at your business location in Mills, WY? YES NO If YES, how many? _____

Does your business operate out of a commercial building? YES NO

Does your business operate out of a residential home? YES NO

Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)? YES NO

Signed Hayley Tennant Print Name Hayley Tennant

Fee is to be PAID before license is approved

A business license is required for ANY business to operate within the Town of Mills. If your main location is not in Mills, but you come into Mills to sell, or to perform a service, a license is required.
Please call Town Hall at 234.6679 if you have any questions.
You may fax your insurance to 307.234.6528. To schedule your Fire Inspection call 307.234.8481.

OFFICE USE ONLY

Insurance Expiration Date: 1-1-2021 Fire Inspection Completed Date: 10-7-2020

License # 9731

Application for Business License - Town of Mills

DATE 11-19-2020

Incomplete Applications will be returned. Complete all fields in RED



I, Wanda Schooner, the owner of Philly's n Cream
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 6 Sandy dr Shoshoni, WY 82649
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired (fee is doubled)
- Commercial \$65.00
- Home \$65.00
- Itinerant Sales \$25.00

PAID PASH
NOV 19 2020
TOWN OF MILLS

do hereby apply to the Town Council of the Town of Mills for a Business License to operate my
Food Trailer within the Town of Mills for a
DESCRIBE THE TYPE OF BUSINESS

*****All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.*****

period of ONE year, beginning the 15 day of DECEMBER, 2020.

Business mailing address: 6 Sandy DR.
City Shoshoni State WY Zip 82649

Business phone number: 307-851-2723 WY Tax ID Number: 82-1235989

- Do you travel in and out of Mills, WY for your Business? YES NO
- Do you have any type of equipment, trucks, cars, trailers, materials, etc. that will be parked at your business location in Mills, WY? YES NO If YES, how many? _____
- Does your business operate out of a commercial building? YES NO
- Does your business operate out of a residential home? YES NO
- Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)? YES NO

Signed Wanda Schooner Print Name Wanda Schooner

Fee is to be PAID before license is approved

A business license is required for ANY business to operate within the Town of Mills. If your main location is not in Mills, but you come into Mills to sell, or to perform a service, a license is required.
Please call Town Hall at 234.6679 if you have any questions.
You may fax your insurance to 307.234.6528. To schedule your Fire Inspection call 307.234.8481.

OFFICE USE ONLY
I, CHRISTINE TRUMBULL, Town Clerk of the Town of Mills Wyoming, do hereby certify that the above license was read, examined and was / was not granted at a regular meeting of the Town Council held on the 15 day of DECEMBER, 2020.
Attest _____
Town Clerk

OFFICE USE ONLY
Insurance Expiration Date: 8-1-2021 Fire Inspection Completed Date: N/A

9731



Issued by:

**WYOMING DEPARTMENT OF AGRICULTURE
CONSUMER HEALTH SERVICES**

2219 CAREY AVE

CHEYENNE, WY 82002

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES

Retail Food

ACCOUNT # 10267

Whereas this party has made application for the licenses listed below in the State of Wyoming according to the law and agrees to comply with all laws, rules and regulations thereto, including the payment of all required fees, there is hereby issued to the applicant this license. This license is not transferable and, unless revoked, shall expire on the date indicated below.

Issued to:

PHILLY'S N CREAM
6 SANDY DR
SHOSHONI, WY 82649

EXPIRATION DATE: 7/6/2021

WANDA SCHOONER
6 SANDY DR
SHOSHONI, WY 82649

Director of Dept. of Ag

**THIS LICENSE MUST BE CURRENT
AND POSTED CONSPICUOUSLY
AT THE PHYSICAL LOCATION**

License # _____

Application for Contractor License - Town of Mills

DATE 12-3-2020

Incomplete Applications will be returned. Complete all fields in RED



I, Mike Coryell, the owner of Blue Ice Contracting LLC
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 1854 Westridge Cir. Casper, WY, 82604
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired (fee is doubled)
- Commercial **\$35.00**

do hereby apply to the Town Council of the Town of Mills for a Contractor License to operate my business within the Town of Mills

period of ONE year, beginning the _____ day of _____, 2020.

Business mailing address: 1854 Westridge Cir
City Casper State WY Zip 82604

Business phone #: 307-462-1407 Contractor ID #: CL-19-521
CL-19-953, CL-19-954

Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo
(circle one)
*CL-20-484 } 2020
CL-20-762 }
CL-20-761 } TLM-H-131*

Signed Mike Coryell Print Name Mike Coryell

Fee is to be PAID before license is approved

A contractor license is required for a contractor to operate business within the Town of Mills. Please call Town Hall at 234.6679 if you have any questions.

Fire Inspection Fire Inspection Completed Date N/A

Proof of Liability Insurance: Insurance Expiration Date 1.15.2021

Contractor License Contractor License Expiration Date 12.31.2020

(The Town must have a copy of your Certificate of Liability from your insurance company)

PAID
DEC 03 2020
TOWN OF MILLS

OFFICE USE ONLY

I, _____, Town Clerk
of the Town of Mills Wyoming, do hereby certify
that the above license was read, examined and
was / was not granted at a regular meeting of
the Town Council held on the _____ day
of _____, 2020.

Attest _____
Town Clerk



City of Casper, Wyoming

BLUE ICE CONTRACTING LLC

has met the requirements set forth by the City of Casper and is competent to perform work as a

General III

CL-19-521

This License Expires: **12/31/2020**



City of Casper, Wyoming

MICHAEL CORYELL

has met the requirements set forth by the City of Casper and is competent to perform work as a

Mechanical Contractor

CL-19-954

This License Expires: **12/31/2020**



City of Casper, Wyoming

MICHAEL CORYELL

has met the requirements set forth by the City of Casper and is competent to perform work as a

Mechanical Master

CL-19-953

This License Expires: **12/31/2020**



**STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY**



**Mike Paul Coryell
Technician-LM-H**

**LICENSE NUMBER
TLM-H-131**



**EXPIRATION DATE
7/1/2023**

License # 9732 **Town of Mills Application for Contractors Business License**

Incomplete Applications will be returned. Complete all fields in RED

DATE 11/13/2020



I, Becky Wagner, the Administrative Manager of Kenny Electric Service, Inc.
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 595 Quivas Street, Denver, CO 80204
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New \$35.00
- Renewal \$35.00
- Expired (fee is doubled) \$70.00

do hereby apply to the Town Council of the Town of Mills for a Contractors Business License to operate my business within the Town of Mills for a period of ONE year,

beginning the 15 day of DECEMBER, 2020.

Business mailing address: 595 Quivas Street
City Denver State CO Zip 80204

Business phone #: (303) 605-2100 Contractor ID #: C-12628

Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo
(circle one)

Signed _____ Print Name Becky Wagner

Fee is to be PAID before license is approved

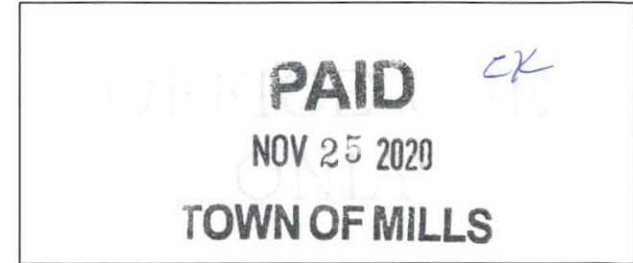
A Contractors Business License is required for a contractor to operate within the Town of Mills. Please call Town Hall at 234.6679 if you have any questions.

Fire Inspection Fire Inspection Completed Date N/A

Proof of Liability Insurance: Insurance Expiration Date 12/31/2020

Contractor License Contractor License Expiration Date 07/01/2021

(The Town must have a copy of your Certificate of Liability Insurance from your insurance company)



OFFICE USE ONLY

I, CHRISTINE TRUMBULL, Town Clerk of the Town of Mills Wyoming, do hereby certify that the above license was read, examined and was / was not granted at a regular meeting of the Town Council held on the 15 day of DECEMBER, 2020.

Attest _____
Town Clerk

Handwritten signature/initials

9732



STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY



Kenny Electric Service Inc
ELECTRICAL CONTRACTOR

LICENSE NUMBER
C-12628



EXPIRATION DATE
07/01/2021



SCANNED

Application for Contractor License - Town of Mills

DATE 12/3/2020

Incomplete Applications will be returned. **Complete all fields in RED**

License # _____



I, Jeff Hogirds, the Manager of Robirds Electric LLC
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 4726 Antelope Ar Berthoud WY 82601
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

New Commercial \$35.00
 Renewal
 Expired (fee is doubled)

PAID
DEC 03 2020
TOWN OF MILLS

do hereby apply to the Town Council of the Town of Mills for a Contractor License to operate my business within the Town of Mills

period of ONE year, beginning the 12-3-2020 day of 12-3-2020, 2020.

Business mailing address: PO Box 2752
City Casper State WY Zip 82602

Business phone #: 307-259-4455 Contractor ID #: _____

Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo
(circle one)

Signed [Signature] Print Name Jeff Hogirds

Fee is to be PAID before license is approved

A contractor license is required for a contractor to operate business within the Town of Mills. Please call Town Hall at 234.6679 if you have any questions.

Fire Inspection _____ Fire Inspection Completed Date 1/15
Proof of Liability Insurance: Insurance Expiration Date 1-14-2021
Contractor License _____ Contractor License Expiration Date _____

(The Town must have a copy of your Certificate of Liability from your insurance company)

OFFICE USE ONLY
I, _____, Town Clerk
of the Town of Mills Wyoming, do hereby certify
that the above license was read, examined and
was / was not granted at a regular meeting of
the Town Council held on the _____ day
of _____, 2020.
Attest _____
Town Clerk



CERTIFICATE OF LIABILITY INSURANCE

01/03/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|---|--|
| PRODUCER Gerald Gassman Insurance Agency INC. 225 S. McKinley. Casper WY 82601 | | CONTACT NAME: Gerald K. Gassman PHONE (A/C, No, Ext): 307-577-1199 FAX (A/C, No): 307-577-6058 E-MAIL ADDRESS: ggassman@farmersagent.com | |
| INSURED Jeffery Robirds DBA Robirds Electric LLC PO Box 2752 Casper WY 82602 | | INSURER(S) AFFORDING COVERAGE INSURER A: Truck Insurance Exchange NAIC# 21709 INSURER B: Farmers Insurance Exchange 21652 INSURER C: Mid Century Insurance Company 21687 INSURER D: Scottsdale Insurance Company 41297 INSURER E: INSURER F: | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| D | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | Y | Y | CPS7002662 | 01/14/2020 | 01/14/2021 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 606726655 | 01/14/2020 | 01/14/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ 2,000,000 BODILY INJURY (Per accident) \$ 2,000,000 PROPERTY DAMAGE (Per accident) \$ 2,000,000 \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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DEC 03 2020

CERTIFICATE HOLDER CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Natrona County Building Department
Casper, Wyoming

Number **EM - 103** Identification Card
This is to certify that

JEFFREY H. ROBIRDS

Has met the license requirements to perform work in Natrona County as
--ELECTRICAL MASTER--

This license expires: **December 31, 2020**

Unless cancelled or revoked. Must be carried on person. Good only
when signed by the Building Official or authorized designee.

Jason Gutierrez

Natrona County Development Department

Natrona County Building Department
Casper, Wyoming

Number **EC - 101** Identification Card
This is to certify that

ROBIRDS ELECTRIC , LLC

Has met the license requirements to perform work in Natrona County as
--ELECTRICAL CONTRACTOR--

This license expires: **December 31, 2020**

Unless cancelled or revoked. Must be carried on person. Good only
when signed by the Building Official or authorized designee.

Jason Gutierrez

Natrona County Development Department



City of Casper, Wyoming

JEFFREY H. ROBIRDS

has met the requirements set forth by the City of Casper and
is competent to perform work as a

Electrical Master

CL-19-690

This License Expires: **12/31/2020**



City of Casper, Wyoming


ROBIRDS ELECTRIC LLC

has met the requirements set forth by the City of Casper and
is competent to perform work as a

Electrical Contractor



CL-19-691

This License Expires: **12/31/2020**


 **STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY** 

Jeffrey Howard Robirds
Master Electrician

LICENSE NUMBER **M-49117**  EXPIRATION DATE **7/1/2021**

 **STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY** 

Robirds Electric LLC
ELECTRICAL CONTRACTOR

LICENSE NUMBER **C-49572**  EXPIRATION DATE **07/01/2021**

RECEIVED

DEC 03 2020