



License # 9725

# Application for Business License - Town of Mills

DATE Sep 20, 2020

Incomplete Applications will be returned. Complete all fields in RED

of 307K9/Passively Trained BUSINESS NAME (as it will appear on the license)

i, Athena Brown, the owner TITLE (i.e. owner, manager, etc.)

located at 4733 W. Yellowstone Hwy 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**

do hereby apply to the Town Council of the Town of Mills for a Business License to operate my

Dog Training DESCRIBE THE TYPE OF BUSINESS within the Town of Mills for a

period of ONE year, beginning the \_\_\_\_\_ day of \_\_\_\_\_, 2020

Business mailing address: 2003 N. Sage Road Casper WY 82604 Business phone number: 307-277-8928 WY Tax ID Number: 502-82-6861

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 Athena Brown Print Name Athena Brown

## 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 307.439.1245.

### OFFICE USE ONLY

Insurance Expiration Date: 1-8-2021 Fire Inspection Completed Date: 1-8-2021

### 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 \_\_\_\_\_, 2018.

Attest

Town Clerk

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

TOWN OF MILLS

**PAID**  
SEP 25 2020

*Handwritten initials*



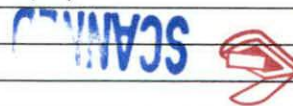
# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/27/2020

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 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).

<b>PRODUCER</b> MOURER-FOSTER INC 81150405 615 NORTH CAPITOL LANSING MI 48933	<b>CONTACT NAME:</b>	
	PHONE (517) 371-2300 (A/C, No, Ext):	FAX (517) 371-7121 (A/C, No):
E-MAIL ADDRESS:		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
INSURER A: Sentinel Insurance Company Ltd.		11000
<b>INSURED</b> PAWSITIVELY TRAINED ATHENA BROWN DBA 2003 N SAGE RD CASPER WY 82604-1867 9723	INSURER B:	
	INSURER C:	
	INSURER D:	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		81 SBM PR0635	01/08/2020	01/08/2021	EACH OCCURRENCE	\$2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	
	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	OTHER
A	EMPLOYMENT PRACTICES LIABILITY			81 SBM PR0635	01/08/2020	01/08/2021	Each Claim Limit	\$10,000
							Aggregate Limit	\$10,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

**CERTIFICATE HOLDER**
 Sixfold, LLC  
 PM Real Estate Management, Inc  
 4000 South Poplar Street  
 Casper WY 82601
**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

*Susan S. Castaneda*

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# Application for Business License - Town of Mills

DATE 12/22/2020

License # \_\_\_\_\_

Incomplete Applications will be returned. Complete all fields in RED



I, Brian B. Kenney, the Owner of The Kenney House  
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 19 S. 6th Ave., Mills, WY 82604  
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- |   |  |         |
|---|--|---------|
| <input checked="" type="checkbox"/> New           | <input type="checkbox"/> Commercial      | \$65.00 |
| <input type="checkbox"/> Renewal                  | <input checked="" type="checkbox"/> Home | \$65.00 |
| <input type="checkbox"/> Expired (fee is doubled) | <input type="checkbox"/> Itinerant Sales | \$25.00 |

do hereby apply to the Town Council of the Town of Mills for a Business License to operate my

Air BnB within the Town of Mills for a  
DESCRIBE THE TYPE OF BUSINESS

period of ONE year, beginning the 14th day of January, 2021, ~~2020~~.

Business mailing address: 19 S. 6th Ave  
City Mills State WY Zip 82604

Business phone number: 307-251-2426 WY Tax ID Number: 007-68-0345

- 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? 4-8
- 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 Brian B. Kenney Print Name Brian B. Kenney

**Fee is to be PAID before license is approved**

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### OFFICE USE ONLY

Insurance Expiration Date: N/A Fire Inspection Completed Date: YCS

**PAID**  
JAN 07 2021  
**TOWN OF MILLS**

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

**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

TOWN OF MILLS  
PO BOX 789  
704 FOURTH STREET  
MILLS WY 82644

307-234-6679

Jan 7, 2021

Receipt No: 1.025306

The Kenny House 19 S Ave

Previous Balance:	.00
Business License - New License Payment 10-32-150	65.00
Business License Income	

Total:	65.00
	=====
Cash - Jonah Operating	70.00

Payor: The Kenny House 19 S Ave	65.00
Total Applied:	-----

Change Tendered:	5.00
	=====

Duplicate Copy  
01/07/2021 3:42 PM