Application for Business License - Town of Mills

Incomplete Applications will be returned. Complete all fields in RED TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license) Casper, wy 82409 Illinois Ave **BUSINESS PHYSICAL STREET ADDRESS** CITY, STATE, ZIP \$65.00 □ Commercial New \$65.00 □ Home □ Renewal ☐ Expired (fee is doubled) **№** Itinerant Sales \$25.00 do hereby apply to the Town Council of the Town of Mills for a Business License to operate my ord Truck within the Town of Mills for a period of ONE year, beginning the _____2 7 ___ day of ____ October Business mailing address: 1480 S. Illinois Ave City Casper State by Zip 82605 Business phone number: 307-315-3852 WY Tax ID Number: Do you travel in and out of Mills, WY for your Business? YES 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 commerical building? ☐ YES ☑ NO Does your business operate out of a residential home? Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)? Print Name Bride Build 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

Fire Inspection Completed Date:

Insurance Expiration Date: 10

B.BS

OCT 20 2020

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, CHRISTIA TRUSSUII, 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 27 day
of <u>OCTOBER</u> , 2020.
Clustin Trombull
Town Clerk



FAX



PRODUCER

Hiscox Inc.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2020

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).

Illacox	Inc.		9727	PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):			
	adison Avenue		110)	E-MAIL ADDRESS: contact@hiscox.com			
32nd F	loor ork, NY 10022			INSURER(S) AFFORDING COVERAGE NAI			
IVEW I	01K, NT 10022			INSURER A : Hisco	x Insurance C	company Inc	10200
SURED				INSURER B :			
BB's Q				INSURER C:			
	Illinois Ave r WY 82609			INSURER D :			
Caspe	1 W1 62009			INSURER E :			
				INSURER F :			
OVERAGI			TE NUMBER:			REVISION NUMBER:	
INDICATED	D CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RE ATE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUCH	PERTAI POLICI	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORDI ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO WHICH THIS
R	TYPE OF INSURANCE	ADDL S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	MMERCIAL GENERAL LIABILITY	The state of the s				EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
			UDC-4631489-CGL-2	10/14/2020	10/14/2021	PERSONAL & ADV INJURY	\$ 1,000,000
GEN'I AC	GGREGATE LIMIT APPLIES PER:		0D0-4031409-0GL-2	.0 13/14/2020	TOT I-TIZOZI	GENERAL AGGREGATE	\$ 2,000,000
1.1	JICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg.
	HER:						\$
	DBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	OTUA Y					BODILY INJURY (Per person)	\$
	NED SCHEDULED					BODILY INJURY (Per accident)	\$
HIR						PROPERTY DAMAGE (Per accident)	\$
AU	TOS ONLY AUTOS ONLY					(Per accident)	\$
UM	BRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	CESS LIAB CLAIMS-MADE					AGGREGATE	s
	OLAMO MADE					AGGILGATE	s
	RSCOMPENSATION					PER OTH-	*
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N						E.L. EACH ACCIDENT	s
OFFICER/MEMBER EXCLUDED?		N/A				E.L. DISEASE - EA EMPLOYEE	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	5
DESCRIP	TION OF OPERATIONS below					E.E. DIOLAGE - FOLIOT LIMIT	9
SCRIPTION	OF OPERATIONS / LOCATIONS / VEHIC	TES INC	ORD 101 Additional Remarks School	ule, may be attached if mo	re space is regula	ad)	
ERTIFIC	ATE HOLDER		***************************************	CANCELLATION	ı		
ENTIFICA	ALE NOLDEN			SHOULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.	
				AUTHORIZED REPRES	ENTATIVE		
				1		-1	
				1		المجلنوا	

9727

SCAMIO

Issued by:

WYOMING DEPARTMENT OF AGRICULTURE CONSUMER HEALTH SERVICES 2219 CAREY AVE CHEYENNE, WY 82002

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES

Retail Food

ACCOUNT # 10416

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:

B.BS Q

1480 S ILLINOIS AVE CASPER, WY 82609

B.BS Q BRIAN BRYD 1480 S ILLINOIS AVE CASPER, WY 82609 EXPIRATION DATE: 9/28/2021

Director of Dept. of Ag

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





STATE OF WYOMING DEPARTMENT OF REVENUE

Excise Tax Division

DALE PAULLEY

Field Representative dale.paulley@wyo.gov

800 Werner Ct Ste 145 Casper, WY 82601-1379 Phone (307) 266-3621 Cheyenne (307) 777-5543

http://revenue.wyo.gov



License # 9726 Application for Contractor License - Tow	n of Mills DATE 10/19/20						
Incomplete Applications will be returned. Complete all fields in RED							
1, James Bowen, the Owner of	Valor Construction LLC						
NAME TITLE (i.e. owner, manager, etc.)	BUSINESS NAME (as it will appear on the license)						
located at 1232 Westridge Way Casper Wyo. 82604							
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP	DAID CL						
New \$35.00	PAID						
Renewal	OCT 19 2020						
□ Expired (fee is doubled)	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 27 day of 0 C70 SEN , 2020.							
Business mailing address: 1732 Westridge Way &	OFFICE USE ONLY						
City Casper State Wyo Zip 82604							
Business phone #: 307-167-8872 Contractor ID #: CL 20-164	1, CHN 157 Cus TRUMS, Town Clerk						
Contractor ID # issued by Oldrens Country Charles Town of Bally State 5 Mg	of the Town of Mills Wyoming, do hereby certify						
Contractor ID # issued by: Alatrona County City of Casper Town of Mills State of Wyo	of the fown of whits wyoming, do hereby termy						
(circle one)	that the above license was read, examined and						
	was / was not granted at a regular meeting of						
Signed Print Name James Bower	97						
Fee is to be PAID before license is approved	the Town Council held on the day						
	of OC70BM, 2020.						
A contractor license is required for a contractor to operate business within the Town of	0,						
Mills. Please call Town Hall at 234.6679 if you have any questions.	Attest Clusters Toumbuce						
Fire Inspection Fire Inspection Completed Date	Town Clerk						
Proof of Liability Insurance: Insurance Expiration Date 8-17-2021							
Contractor License Expiration Date 12-31-2020	1/						
(The Town must have a copy of your Certificate of Liability from your insurance company)							

AREED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/7/2020

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). CONTACT Amber Atkinson PRODUCER 9726 Burns Insurance Agency, Inc 237 Storey Blvd Suite 200 Cheyenne, WY 82009 PHONE (A/C, No, Ext): (307) 634-5757 FAX (A/C, No): (307) 634-7236 E-MAIL ADDRESS: amberr@burnsia.com NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : EMC INSURANCE COMPANIES 21415 INSURER B: INSURED INSURER C: Valor Construction LLC 1732 Westridge Way INSURER D: Casper, WY 82604-3307 INSURER E: INSURER F **REVISION NUMBER:** COVERAGES CERTIFICATE 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 ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS POLICY NUMBER TYPE OF INSURANCE 1,000,000 Α X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 8/17/2021 CLAIMS-MADE X OCCUR 6X24423 8/17/2020 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED OTH-ER PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 50,000 8/17/2020 8/17/2021 Leased/Rented Equip Comm Inland Marine 6X24423 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Rented, Leased or Borrowed Equipment Ahern Rentals, Inc., if required by contract, is an Additional Insured, as their interests may appear, with respect to rented, leased, or borrowed equipment. Ahern Rentals, Inc. is named as Loss Payee, as their interests may appear, with respect to rented, leased, or borrowed equipment. Ahern Rentals, Inc. will be provided 10 days notice of cancellation for nonpayment of premium CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Ahern Rentals, Inc. ACCORDANCE WITH THE POLICY PROVISIONS. 1401 Mineral Ave Las Vegas, NV 89106 AUTHORIZED REPRESENTATIVE Amber Atkinson





Natrona County Building Department

Casper. Wyoming

Number GCII-064 This is to certify that

Identification Card

VALOR CONSTRUCTION, LLC

Has met the license requirements to perform work in Natrona County as -GENERAL CONTRACTOR CLASS 2-

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

VALOR CONSTRUCTION LLC

has met the requirements set forth by the City of

Casper and is competent to perform work as a

General II

CL-20-164

This License Expires:

12/31/2020