LICEIISE #	n for Business L		DATE
	pplications will be returned.		
			BlitzedAcon Welding Servi
NAME		er, manager, etc.)	BUSINESS NAME (as it will appear on the license)
located at 4961 MARMON ST	M. 1/5 L	14 82649	
BUSINESS PHYSICAL STREET ADDRESS	CITY, S	TATE, ZIP	DAID
₽ New	✓ Commercial	\$65.00	PAID
□ Renewal	□ Home	\$65.00	NOV 03 2020
□ Expired (fee is doubled)	□ Itinerant Sales	\$25.00	TOWN OF MILLS
do hereby apply to the Town Council of the Town of Mills f	or a Business License to opera	ate my	OWN OF MILLS
4) + (di - 8	within the Town of N	Mills for a	*** • • • • • • • • • • • • • • • • • •
DESCRIBE THE TYPE OF BUSINESS			***All door to door sales
period of ONE year, beginning the/ 7 day of	MACLENKEL	2020	operating hours are limited
		, 2020.	to 8:00 A.M. to 8:00 P.M.**
Business mailing address: 10 Box 1943			
City M, 1/5	State WY Z	ip 82644	OFFICE USE ONLY
Business phone number: 3073/5 57// V	VY Tax ID Number: 520	197015	<u> </u>
Do you travel in and out of Mills, WY for your Busine			
Do you have any type of equipment, trucks, cars, train		ill be parked at your	1, Offistive Thungul , Town Clerk
business location in Mills, WY?			of the Town of Mills Wyoming do hereby cortif
Does your business operate out of a commercial buil			of the Town of Mills Wyoming, do hereby certif
Does your business operate out of a residential home is your business mobile (i.e. Taxi, Handyman, Constru		NO	that the above license was read, examined and
	T ()	7	
SignedPr	int Name /YQV15 C	1055	was / was not granted at a regular meeting of
Fee is to be PAID before	license is approved		the Town Council held on the _// day
A business license is required for ANY business to operate		1	of NOVEMBER. , 2020.
in Mills, but you come into Mills to sell, or to Please call Town Hall at 234.6679		required.	,2020.
You may fax your insurance to 307.234.6528. To set		11 307.234.8481.	
OFFICE USE			Attest Town Clerk
	spection Completed Date:	117	10WII CIEFK

PAID NOV 03 2020 TOWN OF MILLS

OFFICE USE ONLY

1, CHRISTILE 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 _// day
of NOVENGEN., 2020.
Attest
Town Clerk







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM:DD/YYYY) 06/29/2020

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.

RODUCER					dorsement(s).					
	The second second second	14 miles		CONTAC NAME:	CT Jim L W				and the state of t		
Jim Waldron Agency					PHONE (AIC, No. Ext): 307-577-7100 FAX (AIC, No.): 307-577-7100 E-MAIL ADDRESS: jwaldron@farmersagent.com						
50 W. A S	Street, Suite 204			E-MAIL ADDRES	ss: jwaldron	@farmersage	nt.com				
Casper, W	Y 82601			-			RDING COVERAGE		NAIC #		
					INSURER A: Atain Specialty Insurance Company						
SURED				INSURE	RB:						
	Blitzed Again Welding Service	es		INSURER C :							
	4961 Marmon Street			INSURER D : INSURER E : INSURER F :							
	Mills, WY 82644										
OVERA	GES CER	TIFICATI	E NUMBER:				REVISION NUMBER:				
CERTIFIC	O CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RE TATE MAY BE ISSUED OR MAY ONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFO	ON OF ANY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THE		
SR IR	TYPE OF INSURANCE	ADDL SUBF			POLICY EFF		UMIT	5			
	OMMERCIAL GENERAL LIABILITY	LISU HYD	TODO! HONDE		E DOT [[]]	In the Control of the	EACH OCCURRENCE	5 1,00	0,000		
	CLAIMS-MADE X OCCUR				15714		DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	-		
	J. J				150.00	The second	MED EXP (Any one person)	\$ 5,00	2000		
			CPS2987335		03/07/2020	03/07/2021	PERSONAL & ADVINJURY	Statement with	0.000		
GEN1	AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$ 2,00	Cold Cold		
	DUCY PRO- LOC	100	EL.				PRODUCTS - COMP/OP AGG	THE RESERVE AND ADDRESS OF	0,000		
	THER					1000	PHUADUSTS - COMPYOF AGG	5	0,000		
-	OBILE LIABILITY					The Land Company	COMBINED SINGLE LIMIT	5			
1	IV AUTO	1.5					(Ea accident) BODILY INJURY (Per person)	\$			
1 0	NNED SCHEDULED			31	12" (-		
1 140	RED AUTOS NON-OWNED		12 E - 1 F 1				BODILY INJURY (Per accident) PROPERTY DAMAGE	5			
AL	ITOS ONLY AUTOS ONLY		Marie Anna I.				(Per accident)	\$	-		
1 1,0	MBRELLA LIAB COCCUP			-		TO PERSON		5			
-	Cossin						EACH OCCURRENCE	5	-0.00		
	UCHRIGHEADE		Life Service				AGGREGATE	\$			
WORKE	RETENTION S RS COMPENSATION			-			I PER TOTAL	\$			
AND EM	PLOYERS' LIABILITY Y/N					W. W.	STATUTE OTH-	-	-		
	PRIETOR/PARTNER/EXECUTIVE (IMEMBER EXCLUDED?	N/A					E L EACH ACCIDENT	5			
If yes, de	INCIDE UNITY PTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE				
DESCRI	PHON OF CIPERATIONS BRIDE						E.L. DISEASE - POLICY LIMIT	5			
				- 4	4. 74						
	A CONTRACTOR OF A			37	er er over						
SCRIPTION	OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE	101, Additional Remarks Sch	odule, may be	attached if more	space is require	ed)	Tyris			
ERTIFIC	ATE HOLDER			CANC	ELLATION						
				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA FREOF, NOTICE WILL E Y PROVISIONS.	ANCELL BE DEL	ED BEFOR		
				AUTHOR	RIZED REPRESE	NTATIVE J	Waldron		Talk and		

License # 9728 Application	n for Business L	icense - Town	of Mills (A - 20 - 2 A 2x
Incomplete Ap	plications will be returned.	Complete all fields in RE	DATE 10-28-2020
, Becky Frisby	, the Office Ma	Mager of _	Roque Mechanical BUSINESS NAME (as it will appear on the license)
located at 6064 S Okeapa	Cosper Wy	82604	boshvigs wante (as it will appear on the license)
BUSINESS PHYSICAL STREET ADDRESS	CITY,	TATE, ZIP	PAID
New	Commercial	\$65.00	
□ Renewal	□ Home	\$65.00	OCT 28 2020
□ Expired (fee is doubled)	□ Itinerant Sales	\$25.00	TOWN OF MILLS
do hereby apply to the Town Council of the Town of Mills for	r a Business License to opera	ate my	100011
Mechanical Contractor DESCRIBE THE TYPE OF BUSINESS	within the Town of N	Mills for a	***All door to door sales
period of ONE year, beginning the/7 day of	NOUENBER	, 2020.	operating hours are limited to 8:00 A.M. to 8:00 P.M.***
Business mailing address: 6014 5 0 Keep	a		
Business phone number: (307) 267-3161 w	State Wy Z Tax ID Number: 81-		OFFICE USE ONLY
Do you travel in and out of Mills, WY for your Business			
Do you have any type of equipment, trucks, cars, traile	ers, materials, etc. that wi	ill be parked at your	1, CHRISTING TRUMBULL, Town Clerk
	If YES, how many?		
Does your business operate out of a commerical buildi			of the Town of Mills Wyoming, do hereby certify
Does your business operate out of a residential home?			
Is your business mobile (i.e. Taxi, Handyman, Construc	tion, etc.)?	NO	that the above license was read, examined and
Signed Print	Name Bocky Fr	isby	was / was not granted at a regular meeting of
Fee is to be PAID before I	icense is approved	8	the Town Council held on the day
A business license is required for ANY business to operate wi in Mills, but you come into Mills to sell, or to pe Please call Town Hall at 234.6679 i You may fax your insurance to 307.234.6528. To sche	erform a service, a license is r f you have any questions.	required.	of <u>NOUFMBER</u> , 2020.
OFFICE USE O	NLY		Attest
Insurance Expiration Date: 7/14/21 Fire Inspe	ection Completed Date: //	(A	Town Clerk

ACORD

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 10/28/2020

DATE (MM/DD/YYYY) 10/28/2020

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

t	his ce	ROGATION IS WAIVED, subject rtificate does not confer rights to	o the	cert	ificate holder in lieu of su	ch endorsement(s	3).	require an endorsement	L AS	tatement on
PRO	DUCER	Hamm Agency				CONTACT WEND				
		5840 E. 2nd St. Ste.	100	1		PHONE (A/C, No. Ext): (307	7)265-0275	FAX (A/C, No):	(307)	234-1454
			100	,	9728	E-MAIL ADDRESS:				
		Casper, WY 82609			9/0			RDING COVERAGE		NAIC #
						INSURER A : FARME	RS INSURANC	E EXCHANGE		21652
INS	JRED					INSURER B : GEMIN	II INSURANCE	COMPANY		
		ROGUE MECHANICAL LL	C			INSURER C :				_
		6064 S OKEEPA				INSURER D :	0			
		CASPER, WY 82604				INSURER E :		CCAMMED		
						INSURER F :		JUMINIL		
CO	VERA	AGES CER	TIFI	CATI	E NUMBER:			REVISION NUMBER:		
C	ERTIF	TO CERTIFY THAT THE POLICIES FED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY BIONS AND CONDITIONS OF SUCH !	PERT	REME TAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRAC	OT OR OTHER	DOCUMENT WITH RESPE	OT TO	WHICH THIS
INSR		TYPE OF INSURANCE	ADDL	SUBF		POLICY EFF	POLICY EXP	LIMIT	's	_
	15.7	COMMERCIAL GENERAL LIABILITY	THEST	THY	Nadmon (6146)	(MM/DD/YYYY)	[MM/DD/YYYY]	EACH OCCURRENCE		00,000
В		CLAIMS-MADE OCCUR						DAMAGE TO RENTED	-	,000
					VCGP025752	7/14/2020	7/14/2021	PREMISES (Ea occurrence) MED EXP (Any one person)	\$5,0	-
						\$10 April 1 10 St. 10 S		PERSONAL & ADV INJURY	-	00,000
	GEN	AGGREGATE LIMIT APPLIES PER:				1		GENERAL AGGREGATE		00,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	-	00,000
		OTHER:						PRODUCTS - COMPTOP AGG	5	,
	_	MOBILE LIABILITY						COMBINED SINGLE LIMIT		00,000
	1	ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$	
A		OWNED SCHEDULED AUTOS			606298073	9/12/2020	9/12/2021	BODILY INJURY (Per accident)	s	
	VI	AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE	\$	
		ACTOS CIRCI						(Per accident)	\$	
	ı	JMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	E	EXCESS LIAB CLAIMS MADE						AGGREGATE	5	
	1	DED RETENTION \$						MODILONIE	s	
		ERS COMPENSATION						PER OTH-	•	
	ANY PE	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	s	
	(Manda	ER/MEMBER EXCLUDED?	NIA					E.L. DISEASE - EA EMPLOYEE		
	If yes, o	describe under RIPTION OF OPERATIONS below						ALTER TOWNS TO ARREST TWO STATES AND ADMINISTRATION OF THE PARTY.	5	
								L L distrato Potito (Limit)	*	
		NOF OPERATIONS / LOCATIONS / VEHICLE COMPENSATION IS STATE				may be attached if more	space is required)			
CES	TIEIC	CATE HOLDED								
OE	VIII	CATE HOLDER				CANCELLATION	V			
		TOWN OF MILLS 704 FOURTH ST MILLS, WY 82604				ACCORDANCE W	ON DATE THE VITH THE POLICY	ESCRIBED POLICIES BE CAREOF, NOTICE WILL B	E DEL	ED BEFORE IVERED IN
		f				W	ende	Stule		

9728



City of Casper, Wyoming

JERIMIAH FRISBY

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

Mechanical Master

CL-19-1282

This License Expires: 12/31/2020



City of Casper, Wyoming

ROGUE MECHANICAL, LLC

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

Mechanical Contractor

CL-19-1041

This License Expires: 12/31/2020



License # 9729 Application for Contractor License - Tow	vn of Mills			
Incomplete Applications will be returned. Complete all fields in R	ED ED			
I, Jason Dorter , the Owner of TITLE (i.e. owner, manager, etc.)	Mahogany Buildes (BUSINESS NAME (as it will appear on the license)			
located at 3100 S. COFMON AVE COSPER WY SZUH				
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP				
New □ Renewal □ Renewal	PAID of			
□ Expired (fee is doubled)	OCT 3 0 2020			
do hereby apply to the Town Council of the Town of Mills for a Contractor License to operate my business	TOWNOFMILLS			
within the Town of Mills				
period of ONE year, beginning the				
Business mailing address: 3100 S. Coffmon Ave				
city Casper State UY Zip 82604	OFFICE USE ONLY			
Business phone #: 307-258-6540 Contractor ID #:	1, CHRISTING TRUBBUTOWN Cle			
	i, Effet i we many your clerk			
Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo	of the Town of Mills Wyoming, do hereby certify			
(circle one)	that the above license was read, examined and			
	and the above needs was read, examined and			
las sa Ballas	was / was not granted at a regular meeting of			
Signed Print Name CSON BOX HEV	the Town Council held on the/ 7 day			
Fee is to be PAID before license is approved	day			
	of NOUFABer - , 2020.			
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.	Attest			
	Town Clerk			

Fire Inspection Fire Inspection Completed Date Insurance Expiration Date 6-30-2021 Proof of Liability Insurance:

Contractor License

Contractor License Expiration Date 12-31-2020

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



CERTIFICATE OF LIABILITY INSURANCE

10/30/2020

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 liquid such endorsement(s).

this certificate does not confer rights t	o the	certi	ficate holder in lieu of su							
PRODUCER					CONTACT NAME;					
Alliance Insurance Group, LLC				PHONE (A/C, No, Ext): (303) 279-9700 FAX (A/C, No): (303) 279-5088						
			9729	E-MAIL ADDRES	SS:		1,000,000	, ,		
			1		100000	LIPER/S) AFFOR	RDING COVERAGE		NAIC#	
				INSUDE	77 572	Mutual Ins	The state of the s		23043	
INSURED					*	mataur ms	AAAA	1	20040	
					INSURER B: INSURER C:					
Mahogany Builders LLC 3100 South Coffman Avenue	9						AALIIII		-	
Casper, WY 82604				INSURE					-	
				INSURE					-	
COVERACES	TIFIC		MIMPER	INSURE	RF:					
			NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY					(January 11 11)		EACH OCCURRENCE	s	1,000,000	
CLAIMS-MADE X OCCUR			BKS61629335		6/30/2020	6/30/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000	
							MED EXP (Any one person)	s	15,000	
									1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	S	2,000,000	
X POLICY PRO- LOC							GENERAL AGGREGATE	\$	2,000,000	
OTHER:							PRODUCTS - COMP/OP AGG	S	2,000,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
MUTOS ONLY NON-OWNED AUTOS ONLY			4				PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	8	
DED RETENTION \$								s		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A						E.L. EACH ACCIDENT	s		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
							L.L. DIOLAGE - I OLIGI LIMIT	9		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may be	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER				CANO	ELLATION					
Town of Mills 704 Fourth Street Mills, WY 82604			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							
					Tomfoller					



9729



City of Casper, Wyoming

MAHOGANY BUILDERS

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

General III

CL-20-159

This License Expires:

12/31/2020