

License # 9730

Application for Business License - Town of Mills

DATE _____

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



I, Travis Cross, the Owner of Blitzed Again Welding Services
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 4961 Marmor 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 03 2020
TOWN OF MILLS

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

period of ONE year, beginning the 17 day of NOVEMBER, 2020.

Business mailing address: PO Box 1943
City Mills State WY Zip 82644

Business phone number: 307315 5711 WY Tax ID Number: 520197015

- 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 _____ Print Name Travis Cross

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: 3-7-2021 Fire Inspection Completed Date: N/A

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

OFFICE USE ONLY
I, CHRISTINE THOMPSON, 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 17 day of NOVEMBER, 2020.
Attest _____
Town Clerk

9730



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. 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 Jim Waldron Agency 350 W. A Street, Suite 204 Casper, WY 82601	CONTACT NAME: Jim L. Waldron PHONE (A/C, No, Ext): 307-577-7100 FAX (A/C, No): 307-577-7100 E-MAIL ADDRESS: jwaldron@farmersagent.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Atain Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Blitzed Again Welding Services 4961 Marmon Street Mills, WY 82644	NAIC #

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		CPS2987335	03/07/2020	03/07/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	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)

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

License # 9728

Application for Business License - Town of Mills

DATE 10-28-2020

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



I, Becky Frisby, the Office Manager of Rogue Mechanical
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 6064 S Okeepa Casper WY 82604
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

Mechanical Contractor within the Town of Mills for a
DESCRIBE THE TYPE OF BUSINESS

period of ONE year, beginning the 17 day of NOVEMBER, 2020.

Business mailing address: 6064 S Okeepa
City Casper State WY Zip 82604

Business phone number: (307) 267-3161 WY Tax ID Number: 81-2063331

- 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 R Frisby Print Name Becky Frisby

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: 7/14/21 Fire Inspection Completed Date: N/A

PAID
OCT 28 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, 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 17 day of NOVEMBER, 2020.

Attest _____
Town Clerk



Policy Number:

Date Entered: 10/28/2020

CERTIFICATE OF LIABILITY INSURANCE

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hamm Agency 5840 E. 2nd St. Ste. 100 Casper, WY 82609	CONTACT NAME: WENDI STULL	PHONE (A/C, No, Ext): (307) 265-0275	FAX (A/C, No): (307) 234-1454
	E-MAIL ADDRESS:		
INSURED ROGUE MECHANICAL LLC 6064 S OKEEPA CASPER, WY 82604	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: FARMERS INSURANCE EXCHANGE		21652
	INSURER B: GEMINI INSURANCE COMPANY		
	INSURER C:		
	INSURER D:		
	INSURER E:		

9728

SCANNED

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VCGP025752	7/14/2020	7/14/2021	EACH OCCURRENCE § 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) § 100,000 MED EXP (Any one person) § 5,000 PERSONAL & ADV INJURY § 1,000,000 GENERAL AGGREGATE § 2,000,000 PRODUCTS - COMP/OP AGG § 2,000,000 §
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			606298073	9/12/2020	9/12/2021	COMBINED SINGLE LIMIT (Ea accident) § 1,000,000 BODILY INJURY (Per person) § BODILY INJURY (Per accident) § PROPERTY DAMAGE (Per accident) § §
	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 <input type="checkbox"/> 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)

WORKERS COMPENSATION IS STATE FUNDED.

CERTIFICATE HOLDER TOWN OF MILLS 704 FOURTH ST MILLS, WY 82604	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 <i>Wendi Stull</i>
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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


SCANNED

License # 9729

Application for Contractor License - Town of Mills

DATE 10-30-20

Incomplete Applications will be returned. Complete all fields in RED



I, Jason Baxter, the owner of Mahogany Builders LLC
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 3100 S. Coffman Ave Casper WY 82604
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

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

PAID *ck*
OCT 30 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 17 day of NOVEMBER, 2020.

Business mailing address: 3100 S. Coffman Ave
City Casper State WY Zip 82604

Business phone #: 307-258-6540 Contractor ID #: CL-20-159

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

Signed [Signature] Print Name Jason Baxter

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 6-30-2021

Contractor License Contractor License Expiration Date 12-31-2020

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

OFFICE USE ONLY

I, CHRISTINE THURSBY 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 17 day
of NOVEMBER, 2020.

Attest _____
Town Clerk

[Handwritten mark]

 **SCANNED**

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