



A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.

License #: 1083

Date: 9/4/24

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: ATLANTIC ELECTRIC INC.

Physical Address: 2534 OIL DR. CASPER WY 82604
Street City State Zip

Mailing Address: PO BOX 132 MILLS WY 82644
Street City State Zip

Business Phone Number: 307-265-8658 Cell Number: 307-247-5060

Email Address: OFFICE@ATLANTIC307.COM Website: ATLANTIC307.COM

License Classifications: _____

LICENSE ISSUED BY

City of Mills City of Casper Natrona County State of Wyoming Other
A copy of all licenses must be attached to this application

APPLICANT INFORMATION

Applicant Name: SCOTT WARREN Phone Number: 307-247-5060

Mailing Address: PO BOX 132 MILLS WY 82644
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.



Applicants Signature: Scott Warren

There will be a \$35.00 License fee to be paid at the time the license is issued

PAID
SEP 16 2024


Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

OFFICE USE ONLY
This license was / was not
Granted at a meeting of the Mills
City Council on the _____
Attest _____




STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY


Scott Michael Warren
MASTER ELECTRICIAN

LICENSE NUMBER
 M-48487




EXPIRATION DATE
 7/1/2027



STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY


Atlantic Electric Inc


LICENSE NUMBER
 C-1373



EXPIRATION DATE
 07/01/2025



City of Casper, Wyoming

ATLANTIC ELECTRICAL, INC
 has met the requirements set forth by the City of Casper
 and is competent to perform work as a
Electrical Contractor
CONT-001518-2023
 This License Expires: 12/31/2024


City of Casper, Wyoming

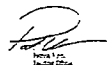
SCOTT WARREN
 has met the requirements set forth by the City of Casper
 and is competent to perform work as a
Electrical Master
MAST-001520-2023
 This License Expires: 12/31/2024

NATRONA
COUNTY
Wyoming

EC-4 **Building Department**


This is to certify that
Atlantic Electric
 Can perform work in Natrona County as
Electrical Contractor
 This license expires: December 31, 2024
 Must be carried on person. Good only when signed by the Building Official

NATRONA
COUNTY
Wyoming

EM-10 **Building Department**


This is to certify that
Scott M. Warren
 Can perform work in Natrona County as
Electrical Master
 This license expires: December 31, 2024
 Must be carried on person. Good only when signed by the Building Official



CITY OF MILLS
EST. 1921

**APPLICATION FOR
Contractor License**

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.

License #: 91070

Date: 8/21/24

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: Cache Valley Electric Co.

Physical Address: 875 N 1000w Logan Ut 84321
Street City State Zip

Mailing Address: same _____
Street City State Zip

Business Phone Number: 435-752-6405 Cell Number: _____

Email Address: cvelicenses@cve.com Website: www.cve.com

License Classifications: Electrical Contractor

LICENSE ISSUED BY

City of Mills City of Casper Natrona County State of Wyoming Other

A copy of all licenses must be attached to this application

APPLICANT INFORMATION

Applicant Name: Allison Milne Phone Number: 435-752-6405

Mailing Address: 875 N. 1000w Logan Ut 84321
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Allison Milne

There will be a \$35.00 License fee to be paid at the time the license is issued

Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

PAID
AUG 29 2024

OFFICE USE ONLY
This license was / was not
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City Council on the _____
Attest _____



STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY



Cache Valley Electric Company

LICENSE NUMBER
C-849



EXPIRATION DATE
07/01/2025



CITY OF MILLS
EST. 1921

APPLICATION FOR Contractor License

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.

License #: 9483

Date: 9.13.24

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: Davidson Mechanical Inc

Physical Address: 728 E C St Casper WY 82601
Street City State Zip

Mailing Address: " " " " " "
Street City State Zip

Business Phone Number: 307-577-4000 Cell Number: _____

Email Address: td@dauidsonmechanical.net Website: _____

License Classifications: Plumbing contractor

LICENSE ISSUED BY

City of Mills City of Casper Natrona County State of Wyoming Other
A copy of all licenses must be attached to this application

APPLICANT INFORMATION

Applicant Name: Terrance Davidson Phone Number: 577-4000

Mailing Address: 728 E C St Casper WY 82601
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a \$35.00 License fee to be paid at the time the license is issued

PAID

SEP 16 2024

Return completed form to:
Mills City Hall
704 4th Street
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Mills, WY 82644
307-234-6679

OFFICE USE ONLY
This license was / was not
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City Council on the _____
Attest _____

City of Casper

200 N David
Casper, WY 82601
(307) 235-8254

PROFESSIONAL LICENSE CERTIFICATE

Issued To: TERRANCE DAVIDSON

Mailing Address: 728 EAST "C" STREET
CASPER, WY 82601

License Number: CONT-001875-2024

Issued Date: 3/13/2024

Expiration Date: 12/31/2024

Certification(s): 6117262 - General Liability Insurance

License Type: Contractor License

Classification: Plumbing Contractor

Fees Paid: \$300.00

This license certifies that you have met the requirements set forth by the City of Casper, and you are authorized to perform work within your license type and classification.

TO BE POSTED IN A CONSPICUOUS PLACE



CITY OF MILLS
EST. 1921

APPLICATION FOR Contractor License

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.

License #: 1128

Date: 9/18/24

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: ENVISION ELECTRIC, INC.

Physical Address: 551 DURANGO COURT CASPER WY 82609
Street City State Zip

Mailing Address: _____
Street City State Zip

Business Phone Number (307) 262-9990 Cell Number: _____

Email Address: envisionelectric@yahoo.com Website: _____

License Classifications: _____

LICENSE ISSUED BY

City of Mills City of Casper Natrona County State of Wyoming Other

A copy of all licenses must be attached to this application

APPLICANT INFORMATION

Applicant Name: MATTHEW T. REED Phone Number: 307-262-9990

Mailing Address: 551 DURANGO COURT CASPER WY 82609
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Matthew T Reed

There will be a \$35.00 License fee to be paid at the time the license is issued

Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

PAID
SEP 19 2024

OFFICE USE ONLY
This license was / was not
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City Council on the _____
Attest _____

WY DEPT OF FIRE PREVENTION AND ELECTRICAL SAFETY

CONTRACTOR CERTIFICATE

AWARDS THIS CERTIFICATE TO

Envision Electric, Inc



STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY



Envision Electric, Inc

LICENSE NUMBER
C-15568

EXPIRATION DATE
07/01/2025

who has satisfactorily met the standards of the State of Wyoming as

administered by the Electrical Board and is hereby certified as

LEVEL: Electrical Contractor

ISSUE DATE: 04/24/2024

CONTRACTOR NUMBER: C-15568

EXPIRATION DATE: 07/01/2025

Issued by State of WY Dept of Fire Prevention and Electrical Safety

This certificate documents the successful completion of training and testing at the level identified on the certificate under the provisions identified.



Contractor License

2023.058

ENVISION ELECTRIC

BUSINESS

ELECTRICAL

Expires: 12/31/2024

11/29/22, 9:48 AM

about:blank



City of Casper, Wyoming

Envision Electric

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

Electrical Contractor

CONT-0741-2022

This License Expires: 12/31/2024

Natrona County Building Department

EC-10



Justin Smith
Justin Smith
Building Official

This is to certify that

ENVISION ELECTRIC

Can perform work in Natrona County as

Electrical Contractor

This license expires: December 31, ~~2023~~ 2024

Must be carried on person. Good only when signed by the Building Official

NATRONA
COUNTY
Wyoming

EC-10

Building Department

This is to certify that

**ENVISION
ELECTRIC**

Can perform work in Natrona County as

Electrical Contractor

This license expires: December 31, 2024

Must be carried on person. Good only when signed by the Building Official



Department of Fire Prevention & Electrical Safety

Matthew Reed

Master Electrician



Number: M-15550 Issued Date: 04/24/2024
Status: Active Expiration Date: 07/01/2027

The information provided on this card is current as of June 17, 2024. Click or Scan the above QR code to retrieve or verify the current applicant status.



A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9938

Date: 9-3-24

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: Dr Chronics Concentrates & Vapes LLC

Physical Address: 4685 W Yellowstone Hwy Mills WY 82604
Street City State Zip

Mailing Address: 4901 Lathrop rd lot 19 Evansville WY 82636
Street City State Zip

Business Phone Number: 307-315-1561 WY Tax ID Number: 01013016

Email Address: drchronicsconcentrates@gmail.com Website: _____

Description of Business: Vape / CBD store

APPLICANT INFORMATION

Applicant Name: Scielo Guerra Phone Number: 307-441-0619

Mailing Address: 4901 Lathrop rd lot 19 Evansville WY 82636
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature:

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	<u>\$125.00</u>
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

5000sq ft

PAID

SEP - 3 2024

Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

OFFICE USE ONLY
This license was / was not
Granted at a meeting of the Mills
City Council on the _____
Attest _____



**APPLICATION FOR
Business License**

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9939

Date: 9/11/24

- New Business
- Change of Ownership
- Change of Location
- Renewal
- Expired

GENERAL INFORMATION

Name of Business: DREAM Dog Grooming

Physical Address: 895 SW Wyoming Blvd. Mills WY 82644
Street City State Zip

Mailing Address: 3371 Indian Scout Drive Casper WY 82604
Street City State Zip

Business Phone Number: 3072592467

WY Tax ID Number: 99-2563425

Email Address: cxe1312@icloud.com

Website: _____

Description of Business: Dog grooming

APPLICANT INFORMATION

Applicant Name: Chelsea ~~Thomas~~ Ramirez Phone Number: 3072592467

Mailing Address: 3371 Indian Scout Drive Casper WY 82604
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

Return completed form to:
Mills City Hall
720 4th Street
307-234-6679

PAID
SEP 11 2024

OFFICE USE ONLY
 This license was / was not
 Granted at a meeting of the Mills
 City Council on the _____
 Attest _____



PAID

APR 29 2024

**APPLICATION FOR
Business License**

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9873

Date: 4/20/24

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: G-ma's WYO Diner LLC dba G-ma's Diner

Physical Address: 4755 W Yellowstone Hwy Mills, WY 82604
Street City State Zip

Mailing Address: 5113 Ridge Rd 2-3
Street City State Zip

Business Phone Number: 307-265-0070 WY Tax ID Number: Pending

Email Address: wyofoodcrew.ap@gmail.com Website: _____

Description of Business: American breakfast and lunch diner

APPLICANT INFORMATION

Applicant Name: Jessica Brown Phone Number: 307-331-4286

Mailing Address: 5113 Ridge Rd 2-3 Cheyenne, WY 82009
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the permit is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00

Return completed form to:
Mills City Hall
720 4th Street
307-234-6679.

<p>OFFICE USE ONLY</p> <p>This license was / was not Granted at a meeting of the Mills City Council on the _____</p> <p>Attest _____</p>



CITY OF MILLS
EST. 1921

RECEIVED

**APPLICATION FOR
Business License**

SEP 10 2024

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9543

Date: 9/3/2024

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: 307 Healing Waters LLC.

Physical Address: 4697 West Yellowstone Hwy. Mills WY 82644
Street City State Zip

Mailing Address: PO Box 50837 Casper WY 82605
Street City State Zip

Business Phone Number: 307-215-6219 WY Tax ID Number: 82-1653625

Email Address: healingwaters307@outlook.com Website: 307Healingwaters.com

Description of Business: Float Therapy + Infrared Sauna
Healing the mind + Body

APPLICANT INFORMATION

Applicant Name: Tricia Wallingford Phone Number: 307-215-6219

Mailing Address: PO Box 50837 Casper WY 82605
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Tricia Wallingford

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

PAID
SEP 10 2024

Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

OFFICE USE ONLY
This license was / was not
Granted at a meeting of the Mills
City Council on the _____
Attest _____



APPLICATION FOR Business License

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 10810

Date: 9-4-24

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: Equipment Maintenance Products, Inc

Physical Address: 189 B Progress Circle Mills WY 82644
Street City State Zip

Mailing Address: P.O. Box 489 Mills WY 82644
Street City State Zip

Business Phone Number: (307) 473-8811 WY Tax ID Number: 01-006713

Email Address: dixie@empwy.com Website: _____

Description of Business: Sales of ground engaging tools

APPLICANT INFORMATION

Applicant Name: Dixie Smith Phone Number: 307-473-8811

Mailing Address: P.O. Box 489 Mills WY 82644
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Dixie P. Smith

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

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City Council on the _____
Attest _____



CITY OF MILLS
EST. 1921

PAID
SEP 09 2024

**APPLICATION FOR
Business License**

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 1090

Date: August 22, 2024

- New Business
 Change of Ownership
 Change of Location
 Renewal
 Expired

GENERAL INFORMATION

Name of Business: Moss Saddles Boots & Tack Inc

Physical Address: 4648/50 West Yellowstone Mills WY 82644
Street Hwy City State Zip

Mailing Address: 4648 W Yellowstone Hwy Mills WY 82644
Street City State Zip

Business Phone Number: 307 472 1872 WY Tax ID Number: 1009742

Email Address: mossbt@yahoo.com Website: mossaddlesbootsandtack.com

Description of Business: Retail, store front, selling Saddles, Boots, Tack, clothing, Jewelry, Purses, etc.

APPLICANT INFORMATION

Applicant Name: Susan Moss-Wyatt Phone Number: 307 472 1878

Mailing Address: 4648 W Yellowstone Hwy Mills, WY 82644
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

<p>OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the _____ Attest _____</p>



CITY OF MILLS
EST. 1921

**APPLICATION FOR
Business License**

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9841

Date: 9/17/24

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: RMS Cranes

Physical Address: 6301 Zero Rd Casper WY 82604
Street City State Zip

Mailing Address: same _____
Street City State Zip

Business Phone Number: 307-224-5010 WY Tax ID Number: 20-3551163

Email Address: dfranklin@rmscranes.com Website: rmscranes.com

Description of Business: crane rental

APPLICANT INFORMATION

Applicant Name: Diahann Franklin Phone Number: 307-224-5010

Mailing Address: 6301 Zero Rd Casper WY 82604
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Diahann Franklin

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00



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307-234-6679

OFFICE USE ONLY
This license was / was not
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City Council on the _____
Attest _____



CITY OF MILLS
EST. 1921

**APPLICATION FOR
Business License**

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 1120

Date: 9-15-24

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: Stabil Drill Specialties LLC

Physical Address: 1118 Falcon Ave Mills WY 82044
Street City State Zip

Mailing Address: Box 2558 Mills WY 82044
Street City State Zip

Business Phone Number: (307) 234-4203 WY Tax ID Number: 70-00064138

Email Address: dispatch.cas@stabil.com Website: superiorenergy.com

Description of Business: Performance rentals, engineering + fabrication and repairs for downhole tools.

APPLICANT INFORMATION

Applicant Name: Sami Sultan Phone Number: (307) 234-4203

Mailing Address: 1118 Falcon Ave #2558 Mills WY 82044
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	• \$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

PAID
SEP 17 2024

Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

OFFICE USE ONLY
This license was / was not
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City Council on the _____
Attest _____



CITY OF MILLS
EST. 1921

**APPLICATION FOR
Business License**

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 1094

Date: 8-21-24

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: Taco Johns

Physical Address: 3533 W Yellowstone Mills WY 82644
Street City State Zip

Mailing Address: PO Box 488 Casper WY 82602
Street City State Zip

Business Phone Number: 307-235-8102 WY Tax ID Number: 83-0254618

Email Address: naworkman@hotmail.com Website: _____

Description of Business: Restaurant

APPLICANT INFORMATION

Applicant Name: Lori Stilwell Phone Number: 265-0744

Mailing Address: PO Box 488 Casper WY 82602
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: *[Signature]*

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

PAID
SEP 04 2024

Return completed form to:
Mills City Hall
704 4th Street
Po Box 789
Mills, WY 82644
307-234-6679

OFFICE USE ONLY
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Granted at a meeting of the Mills
City Council on the _____
Attest _____