

Council Meeting: September 24, 2024

	New Contract	tor Licenses	
	Business Name	Insurance	Contractor ID
	Renewal Contra	actor Licenses Insurance	Contractor ID
1083	Atlantic Electric Inc.	Yes	Yes
9670	Cache Valley Electric Co	N/A	Yes
9483	Davidson Mechanical Inc	N/A	Yes
1128	Envision Electic Inc	N/A	Yes

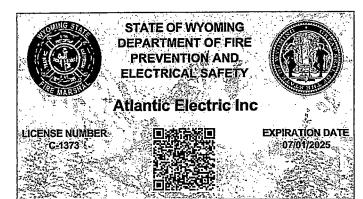


Contractor License

Attest

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 New License GENERAL INFORMATION Name of Business: ATLANTIE ELECTRIC INC. Physical Address: 2534 Mailing Address: Business Phone Number: 307-265-8658 Cell Number: 307-247-5060 Website: ATLANTIC 307. COM Email Address: OFFICE @ ATLANTIC 307. COM License Classifications: _____ LICENSE ISSUED BY Natrona County City of Mills □ Other A copy of all licenses must be attached to this application APPLICANT INFORMATION Phone Number: 307-247-5060 Applicant Name: SCOTT WARREN Mailing Address: PO Box 132 I certify that the above information is correct and true to the best of my knowledge. Applicants Signature: There will be a \$35.00 License fee to be paid at the time the license is issued SEP 1 6 2024 Return completed form to: Mills City Hall OFFICE USE ONLY 704 4th Street This license was / was not Po Box 789 Granted at a meeting of the Mills City Council on the _ Mills, WY 82644 307-234-6679







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

NATRONA
COUNTY
(Myoming

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



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 Myoming

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

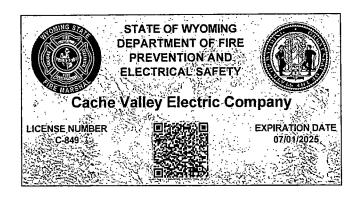
Must be carried on person. Good only when signed by the Building Official



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 #: 9070		Date: 8/21/24
New License Renewal L	icense F Expired Lic	ense
GENERAL INFORMATION	4	
Name of Business: Cache Valley Electri	c Co.	
Physical Address: 815 N 1000 W	City	Uf 8432/ State Zip
Mailing Address: Street	City	State Zip
Business Phone Number: 435-752-6405Cell Num	•	Otate Zip
Email Address: Website:	www. CVC. C	DM
License Classifications: Escetpical Contract	TOV	
•		
LICENSE ISSUED BY City of Mills City of Casper Natrona Cou A copy of all licenses must be		•
APPLICANT INFORMATION	•	
Applicant Name: Allison Milhe	Pho	ne Number: <u>435-752-(e</u>
Mailing Address: 875 N. 1000 W Street	(WA)	VH 84321 State Zip
I certify that the above information is correct and true to	the best of my knowled	lge.
Applicants Signature: (JULIUM 1911)		
There will be a \$35.00 License fee to be paid at the time the license	e is issued	
Return completed form to: Mills City Hall 704 4th Street Po Box 789 Mills, WY 82644 307-234-6679	G 2 9 2074	OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the





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 #: 9183 ☐ New License ☐ Expired License **GENERAL INFORMATION** Name of Business: Pavidson Mechanical Inc Physical Address: 728 E C St Mailing Address:______ State Zip Business Phone Number: <u>307-577-4000</u> Cell Number: Email Address: + A Q davidsonme chanical Website: License Classifications: Plumbing contractor LICENSE ISSUED BY City of Casper Natrona County State of Wyoming

A copy of all licenses must be attached to this application ☐ Other APPLICANT INFORMATION Applicant Name: Terrance Davidson Phone Number: 5774

Mailing Address: 728 E C St City State Z I certify that the above information is correct and true to the best of my knowledge. Applicants Signature: PAID There will be a \$35.00 License fee to be paid at the time the license is issued SEP 1.6 2024 Return completed form to: Mills City Hall OFFICE USE ONLY 704 4th Street This license was / was not Po Box 789 Granted at a meeting of the Mills Mills, WY 82644 City Council on the 307-234-6679 Attest

City of Casper

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

PROFESSIONAL LICENSE CERTIFICATE

Issued To:

TERRANCE DAVIDSON

Certification(s): 6117262 - General Liability Insurance

Mailing Address:

728 EAST "C" STREET CASPER, WY 82601

CONT-001875-2024

License Type:

Contractor License

License Number: Issued Date:

3/13/2024

Classification:

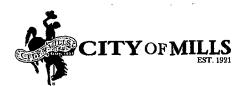
Expiration Date:

Plumbing Contractor

12/31/2024

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

TO BE POSTED IN A CONSPICUOUS PLACE



APPLICATION FOR Contractor License

Attest

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 #: 1124 New License **GENERAL INFORMATION** Name of Business: ENVISION ELECTRIC, INC. Physical Address: Mailing Address:_ Zip Street State Business Phone Number (301) 262-9990 Cell Number: Email Address: envision electrice yahoo. com Website:_____ License Classifications: LICENSE ISSUED BY City of Casper Natrona County ☐ Other City of Mills A copy of all licenses must be attached to this application APPLICANT INFORMATION Mailing Address: SSI DWDANGO COURT CASPEL WY 82609

Street City State 7:n I certify that the above information is correct and true to the best of my knowledge. Applicants Signature: Matthe 7 Ren 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 OFFICE USE ONLY 704 4th Street This license was / was not Po Box 789 Granted at a meeting of the Mills Mills, WY 82644 City Council on the

WY DEPT OF FIRE PREVENTION AND ELECTRICAL SAFETY

CONTRACTOR CERTIFICATE

AWARDS THIS CERTIFICATE TO

STATE OF WYOMING
DEPARTMENT OF FIRE
PREVENTION AND
ELECTRICAL SAFETY

Envision Electric, Inc.



Envision Electric, Inc

ICENSE NUMBER C-15568 EXPIRATION DATE

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

Natrona County Building Department

EC-10



Justin Smith Building Officia

This is to certify that

ENVISION ELECTRIC

Can perform work in Natrona County as

Electrical Contractor

This license expires: December 31, 20 24

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

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



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:

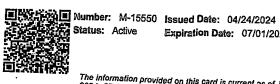
12/31/2024



Department of Fire Prevention & Electrical Safety

Matthew Reed

Master Electrician



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.



Council Meeting: September 24, 2024

	Business Name	Fire Inspection	Insurance
938	Dr. Chronic Concentrates & Vapes LLC	9/20/2024	N/A
939	DREAM Dog Grooming	9/17/2024	N/A
873	G-ma's WYO Diner LLC dba G-ma's Diner	9/9/2024	N/A
	Renewal Busines	ss Licenses	
	Business Name	Fire Inspection	Insurance
543	307 Healing Waters LLC	9/17/2024	N/A
.086	Equipment Maintenance Products, Inc.	9/11/2024	N/A
.090	Moss Saddle Boots & Tack Inc	9/9/2024	N/A
841	RMS Crane	8/29/2024	N/A
120	Stabil Drill Specialties LLC	9/16/2024	N/A
.094	Taco Johns	9/10/2024	N/A



APPLICATION FOR Business License

Attest _

A Business License is required for ANY business to operate with		ense Application must be
completed. Incomplete applic	ations shall be returned.	Date: 93-24
License #:		Date:
		-
New Business Change of Ownership C	nange of Location Renew	al Expired
	•	
GENERAL INFORMATION		
	1 11 Nac 11 C	
Name of Business: Or Chronics Concentrate	S & Vapes LLC	
Physical Address: 41685 14) 411005tone 1	wy Mills V	W 82604
Physical Address: 4685 W Yellowstone H	City	State Zip
4901 11100 cal lot 19	Finanta la	82127/2
Mailing Address: 4901 Jathrop rd 10+ 19 Street	LUMSVILL IV	N 82636 State Zip
Business Phone Number: 307 - 315 - 1561 wy 1	ax ID Number: 01015	016
- 110 20 20 20 20	-14	
Email Address: drchronics Concentrates a gmail.con Web	site:	
Description of Business: Vape / CBD Store		
Description of Business: VAIL / CDD STORE		
APPLICANT INFORMATION		
Applicant Name: Scielo Guerra		300 441-01
	Phone	e Number: <u>307 - 441-0</u> 6
Mailing Address: 490) /athrop rd 10+ 19	Funsville	Wy 82636
Street	City	State Zip
I certify that the above information is correct and true	to the best of my knowledg	e.
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	wst PAID
Businesses between 5,001-10,000 Sq. Feet	\$125.00	PAID
Businesses greater than 10,000 Sq. Feet	\$250.00	,
Businesses with Fire Alarm, Sprinkler System or Hood Suppre	ssion + \$50.00	SEP - 3 2024
Return completed form to:		
Mills City Hall	Г	OFFICE USE ONLY
704 4th Street		This license was / was not
Po Box 789		Granted at a meeting of the Mills City Council on the
Mills, WY 82644		ong oddinon on the



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. Mew 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 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 The Page 1 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 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 Businesses between 5,001-10,000 Sq. Feet \$75.00 Businesses greater than 10,000 Sq. Feet \$125.00 Businesses with Fire Alarm, Sprinkler System or Hood Suppression \$250.00 + \$50.00 Return completed form to: Mills City Hall 720 4th Street OFFICE USE ONLY 307-234-6679 This license was / was not Granted at a meeting of the Mills City Council on the Attest





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

Attest

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: 4/36/34

			- 4
☐ 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	Cit	y State	Zip
5113 Ridge Rd 2-3 Mailing Address:			
Street	Cit	y State	Zip
Business Phone Number:	WY Tax ID Number:	nding	
Email Address: wyofoodcrew.ap@gmail.com	Website:		
American breakfast and lur	nch diner		
APPLICANT INFORMATION Jessica Brown Applicant Name:		Phone Numbe	307-331-4286 r:
5113 Ridge Rd 2-3 Cheyenne,	, WY 82009		
Street	City	y State	Zip
I certify that the above information is correct ar Applicants Signature: There will be a fire inspection fee to be paid at the Businesses that qualify for a Self-Assessment Fire Insp Businesses between 1-5,000 Sq. Feet Businesses between 5,001-10,000 Sq. Feet Businesses greater than 10,000 Sq. Feet	time the permit is issue	,	
Return completed form to: Mills City Hall 720 4th Street		OFFI	CE USE ONLY



RECEIVED

APPLICATION FOR Business License

SEP 10 2024 7

A Business License is required for ANY business to operate within th		ense Applicati	ion must be
completed. Incomplete application	ns shall be returned.		appear
License #: 9543	,	Date:	40604
			, ,
☐ New Business ☐ Change of Ownership ☐ Chang	e of Location X Renew	al 🗌 Expir	red
GENERAL INFORMATION	· ·		
Name of Business: 307 Healing Waters	5 LLC.		
Physical Address: 4697 West Yellowsto Street	re they. Mill=	5 Wy	82644 Zip
Street	City	State 1	Zip
Mailing Address: DO BOX 50837	Casper	WV	82605
Street	City	State	Zip
Business Phone Number: 357-215-6219 WY Tax II	D Number: 82 - 16	536a	5
	4		-
Email Address: healing water 307@outlook Con Website:	30 IHEarniguat	الال . د اع	(Y)
Description of Business: Float therapy of Infra	ired Sauna		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Healing the mind + Body			
,			
APPLICANT INFORMATION			
Applicant Name: Tricia Wallingford	Dhana	Number 34	7-215-62
Applicant Name. ITTCI Contingors	Phone		07-215-62
Mailing Address: DO BOX 50837	Casser	Wy	82605
Street	City	State	Zip
Logatify that the above information is accurated and true to t	he heet of l	_	
I certify that the above information is correct and true to t	ne pest of my knowledge	}.	
Applicants Signature: Suca Wally and Market			
There will be a fire inspection fee to be paid at the time the L	icense is issued.	-	
Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00		
Businesses between 1-5,000 Sq. Feet	\$75.00		7 1 1
Businesses between 5,001-10,000 Sq. Feet	\$125.00	SEP 1	U 5057 👸 📓
Businesses greater than 10,000 Sq. Feet	\$250.00	921 1	0 2029
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00		
Return completed form to:			
Mills City Hall	_	055:05	25 01111
704 4 th Street		OFFICE US	
Po Box 789		This license was Granted at a mee	
Mills, WY 82644		City Council on th	



APPLICATION FOR Business License

Attest _

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.

completed. Incomplete applications sl	hall be returned.		
License #: 10810		Date	: <u>9-4-24</u>
☐ New Business ☐ Change of Ownership ☐ Change of	f Location ⊠ Rer	newal	oired
	ū	·	
GENERAL INFORMATION	\wedge		•
Name of Business: Equipment Maintenand	e Products	Inc	
Physical Address: LP9 B Progress Circle Street	Mills	WY	P2644
	·		
Mailing Address: P. O. Box 489 Street	Mills	WY_	82644
Street ·	Ćity	State	Zip
Business Phone Number: $(301) 473 - 88)$ WY Tax ID N	umber: <u> <i>D - O (</i></u>	06713	
Email Address: dixiz@empwy.com Website:			
	1 .		
Description of Business: Sales of ground engaging	15 tools		
			-
APPLICANT INFORMATION			
Applicant Name: Dixie Smsth	Ph	one Number: <u>3</u>	807-473-88
Mailing Address: P.O. Box 489	M://s	wy	82644
Street	City	Státe	Zip
I certify that the above information is correct and true to the	best of my knowle	dge.	
Applicants Signature: Diffie & Smith	-	-	
Applicants Signature: Nague Shuve			-
There will be a fire inspection fee to be paid at the time the Lice	nse 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 Businesses with Fire Alarm, Sprinkler System or Hood Suppression	\$250.00 + \$50.00		
Return completed form to:			
Mills City Hall		OFFICE	USE ONLY
704 4th Street		This license v	
Po Box 789		Granted at a n	neeting of the Mills
Mills, WY 82644		City Council or	n the



Mills, WY 82644 307-234-6679



APPLICATION FOR Business License

City Council on the _____

Attest

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 Lo	ocation 🕅 Renewal	☐ Expired
GENERAL INFORMATION		
Name of Business: Moss Saddles Goots Tad	2 Inc	
Physical Address: 4648/50 Wast Yollawsto Hwy	ne Mills 1	Jy 82644
Street Hwy	City	State Zip
Mailing Address: 4648 to Unathone Hwy Street		1 82644 State Zip
Business Phone Number: 307 472 1872 WY Tax ID Num	nber: <u>1009742</u>	
Email Address: mossbt/6 yahoo com Website: Mo	ssaddlesboots	and tack som
Description of Business: Ratail, Store front,	Selling So	dolles Boots,
		•
Tack, clothing, Jewelry, Purs	elsy atc.	
APPLICANT INFORMATION		
Applicant Name: Jugan Mass-Watt	Phone No	umber: <u>307472</u> 1878
Mailing Address: 4648 W Yellowstone Huy	Y77; [15]	Wy 82644
Street /	City	State / Zip
I certify that the above information is correct and true to the be	est of my knowledge.	
Applicants Signature: Muya		
There will be a fire inspection fee to be paid at the time the Licens	se 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		OFFICE USE ONLY
704 4th Street	ı	
704 4 3tieet	I **	nis license was / was not anted at a meeting of the Mills



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 #: <u>984</u>		completed. Incompl	ete applications sni	ali pe returnea.	Date	9/17/24
☐ New Busin	ess 🗀 Cl	hange of Ownership	o ☐ Change of	Location Rene	ewal 🗆 Exp	ired
GENERAL INFORMA	<u>TION</u>					
Name of Business:	Rms	Cranes				
Physical Address:	6301 Stree	Zaro Rd		<u>Casper</u>	ω¥ State	82604 Zip
Mailing Address:	same					
Business Phone Num	Stree		WV Tay ID No	City	State	`Zip
Email Address: df	anklin e i	rmseranas.ee	/// vvebsite:	TINSCIETIES.	COM	
Description of Busines	ss: <u>Cra</u>	ne rental				
APPLICANT INFORM Applicant Name:		Franklın		Pho	one Number:	907-224-5D10
Mailing Address:		4		Casper	WY	907-224-5010 8 ZGO 4
Maining Address	Stree			City	State	Zip
		ana pank		pest of my knowle	dge.	
There will be a fir	e inspection	fee to be paid at t	the time the Licer	nse is issued.		
Businesses betwee Businesses betwee Businesses greater	n 1-5,000 Sq. l n 5,001-10,000 than 10,000 S) Sq. Feet		\$45.00 \$75.00 \$125.00 • \$250.00 + \$50.00	SEP 1	7 2024
Return completed Mills City Hall	form to:				OFFICE	LISE ONLY

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

0	FF	ICE	US	E 01	NLY
· : -	1:				

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

Attest _____



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_		Dat	e91524	
☐ New Business ☐ Change of Ownership ☐ Change	of Location R	enewal 🗆 Ex	pired	
GENERAL INFORMATION				
Name of Business: Stabil Drill 100 Ciallies	3 LLC			
Physical Address: 118 Falcon Hile. Street	WillS City	State	821444 Zip	
Mailing Address: Roy 2558 Street	Will5 City	State	8awkl Zip	
Business Phone Number 371034-4003 WY Tax ID	Number: 10-0	514210X	8	
Email Address: dispoten Costa Standall (Website:	upriover	olgy.co	<u> </u>	
Description of Business Professional Conditions for downlock too	\circ	ng+ fax	xicotion	
·				
APPLICANT INFORMATION		(4	2-1 021 1100	$\overline{}$
Applicant Name: Mill Mill Mill Mill Mill Mill Mill Mil	F	Phone Number	10+)×>4.40C	Ö
Mailing Address: MS Follow AR #2008 Street	WillS City	State	8010-KI	
I certify that the above information is correct and true to the Applicants Signature:	•	vledge.	_	
There will be a fire inspection fee to be paid at the time the Li	cense is issued.			
Businesses that qualify for a Self-Assessment Fire Inspection Businesses between 1-5,000 Sq. Feet Businesses between 5,001-10,000 Sq. Feet Businesses greater than 10,000 Sq. Feet Businesses with Fire Alarm, Sprinkler System or Hood Suppression	\$45.00 \$75.00 \$125.00 • \$250.00 + \$50.00	SEP	17 2024	
Return completed form to: Mills City Hall		OFFICE	ELISE ONLY	

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

Attest ___

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 ☐ Chang	ge of Location Renewal Expired
GENERAL INFORMATION	
Name of Business: TOCO Johns	
Physical Address: 3533 W Yellowstone Street	Mills WY 82649 City State Zip
Mailing Address: PO BOX 488 Street	Casper Wy 8260 City State Zip
Business Phone Number: 307-235-8102 WY Tax I	ID Number: \$3-0254(e)8
Email Address: Ne unrkming hot mail Rom Website:	
Description of Business: Restaurant	
APPLICANT INFORMATION	
Applicant Name: Lori Stilwell	Phone Number: 265-0744
Mailing Address: PO Box 488	Casper Wy 82606
I certify that the above information is correct and true to Applicants Signature:	the best of my knowledge.
There will be a fire inspection fee to be paid at the time the I	License is issued.
Businesses that qualify for a Self-Assessment Fire Inspection Businesses between 1-5,000 Sq. Feet Businesses between 5,001-10,000 Sq. Feet Businesses greater than 10,000 Sq. Feet Businesses with Fire Alarm, Sprinkler System or Hood Suppression	\$45.00 \$75.00 \$125.00 \$250.00 + \$50.00
Return completed form to: Mills City Hall 704 4 th Street Po Box 789 Mills, WY 82644	OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the