

Council Meeting: January 14, 2025

	New Business Lic	censes	
	Business Name	Fire Inspection	Insurance
	Renewal Business	licansas	
	Business Name	Fire Inspection	Insurance
9857	Basin Concrete, Inc.	11/11/2024	mounte
9836	Blackwater Septic Solutions	12/27/2024	
9385	GW Mechanical	1/8/2025	
1146	Prairiewind Decoys	12/27/2024	
9733	Rightway Real Estate, LLC / Pine Lodge Motel	12/27/2024	



Po Box 789

Mills; WY 82644

307-234-6679

APPLICATION FOR Business License

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.

icense #: 4657	lications shall be returned.	Dat	e: 10/21/2024
New Business Change of Ownership	Change of Location \(\sigm\frac{\sqrt{F}}{F}\)	Renewal F Ex	pired
GENERAL INFORMATION			
Name of Business: Basin Concrete, Inc.			
	Mills	WY	82604
Physical Address: 4948 LaFayette St		State	Zip
Street	City		•
Mailing Address: P.O. Box 4264	Williston	ND	58802
WY- 307-577-5440	City	State	Zip
***	45-03	61224	
Business Phone Number: ND - 701-774-3085 W	Y Tax ID Number: 45-03	01221	
Email Address: sara@basintrucking.com W	ebsite:		
	nnt		
Description of Business: Trucking and Rental Equipme	5111 		
APPLICANT INFORMATION		Phone Number:	701-774-3085
Applicant Name: Sara Krieger		r florie ramber.	58802
Mailing Address: P.O. Box 4264	Williston	ND	
Street	City	State	Zip
I certify that the above information is correct and	true to the best of my kno	owledge.	
Applicants Signature: Sara Krieger			
There will be a fire inspection fee to be paid at the tir			
	ne the License is issued.		
Businesses that qualify for a Self-Assessment Fire Inspect	ion \$45.00 \$75.00		
Businesses that qualify for a Self-Assessment Fire Inspect Businesses between 1-5,000 Sq. Feet	ion \$45.00 \$75.00 \$125.00		
Businesses that qualify for a Self-Assessment Fire Inspect Businesses between 1-5,000 Sq. Feet Businesses between 5,001-10,000 Sq. Feet Businesses greater than 10,000 Sq. Feet	ion \$45.00 \$75.00 \$125.00 \$250.00		
Businesses that qualify for a Self-Assessment Fire Inspect Businesses between 1-5,000 Sq. Feet	ion \$45.00 \$75.00 \$125.00 \$250.00		
Businesses that qualify for a Self-Assessment Fire Inspect 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 Sup	ion \$45.00 \$75.00 \$125.00 \$250.00		
Businesses that qualify for a Self-Assessment Fire Inspect Businesses between 1-5,000 Sq. Feet Businesses between 5,001-10,000 Sq. Feet Businesses greater than 10,000 Sq. Feet	ion \$45.00 \$75.00 \$125.00 \$250.00	OFFIC	DE USE ONLY se was / was not



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 #:9836	tions shall be returned.		
Licerise #. 10 V		Date	:1/12/24
☐ New Business ☐ Change of Ownership ☐ Change of Ownership ☐ Change of Ownership	ange of Location 🛮 🗷 R	enewal 🛭 Exp	pired
GENERAL INFORMATION			
Name of Business: Blackwater Septic Solutions			
Physical Address: 305 Lakeview Drive	Mills	WY	82664
Street	City	State	Zip
Mailing Address: P.O. Box 136	Sinclair	WY	82334
Street	City	State	Zip
Business Phone Number: 307-320-3867 WY Ta	x ID Number: 47 -	433961	•
	e:N/A		
Description of Business: Portable toilet rental, septic tank s	ervices, and campe	septic service	es
PPI ILANI INEORMATION			
	miah Garner	30	7-320-3867
Applicant Name: Blackwater Septic Solutions / Jere	·	hone Number:	
Applicant Name: Blackwater Septic Solutions / Jere	miah Garner _P Sinclair	hone Number: 30 WY State	07-320-3867 82334 Zip
Applicant Name: Blackwater Septic Solutions / Jere Mailing Address: P.O. Box 136	Sinclair	WY	82334
Applicant Name: Blackwater Septic Solutions / Jere Mailing Address: P.O. Box 136 Street	Sinclair	WY	82334
Applicant Name: Blackwater Septic Solutions / Jere Mailing Address: P.O. Box 136 Street I certify that the above information is correct and true to	Sinclair City o the best of my knowl	WY	82334 Zip
Applicant Name: Blackwater Septic Solutions / Jere Mailing Address: P.O. Box 136 Street I certify that the above information is correct and true to Applicants Signature:	Sinclair City o the best of my knowled	WY	82334
Applicant Name: Blackwater Septic Solutions / Jere Mailing Address: P.O. Box 136 Street I certify that the above information is correct and true to Applicants Signature: There will be a fire inspection fee to be paid at the time the	Sinclair City o the best of my knowl	WY State edge.	82334 Zip
Applicant Name: Blackwater Septic Solutions / Jere Mailing Address: P.O. Box 136 Street I certify that the above information is correct and true to Applicants Signature: There will be a fire inspection fee to be paid at the time the Businesses that qualify for a Self-Assessment Fire Inspection Businesses between 1-5,000 Sq. Feet Businesses between 5,001-10,000 Sq. Feet	Sinclair City the best of my knowled License is issued. \$45.00 \$75.00 \$125.00	WY	82334 Zip
I certify that the above information is correct and true to Applicants Signature: There will be a fire inspection fee to be paid at the time the 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	Sinclair City to the best of my knowled street is issued. \$45.00 \$75.00 \$125.00 \$250.00	WY State edge.	82334 Zip
Applicant Name: Blackwater Septic Solutions / Jere Mailing Address: P.O. Box 136 Street I certify that the above information is correct and true to Applicants Signature: There will be a fire inspection fee to be paid at the time the 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 Suppressi	Sinclair City to the best of my knowled street is issued. \$45.00 \$75.00 \$125.00 \$250.00	WY State edge.	82334 Zip
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307-234-6679

APPLICATION FOR Business License

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 #:_9385	•		Date	e: 12/18/2024
☐ New Business ☐	Change of Ownership	☐ Change of Location	☑ Renewal ☐ Ex	pired
GENERAL INFORMATION				
Name of Business: GW Mec	hanical			
Physical Address: 3638 Burd	d Road	Mills	s WY_	82644
	treet	City	State	Zip
Mailing Address: P.O. Box 2	2392	Mills	s WY	82644
S S	treet	City	State	Zip
Business Phone Number: 307	-472-1833	WY Tax ID Number: 83-0)285617	
Email Address: gw@gwmed	chanical.com	Website: www.gwmed	chanical.com	
APPLICANT INFORMATION				~ .
Applicant Name: Kara Garbut	t		_ Phone Number:	07-472-1833
Mailing Address: P.O. Box 23		Mills		82644
	Street	City	State	Zip
I certify that the above in Applicants Signature: There will be a fire inspect	Was Sautra	nd true to the best of my l		_
Businesses that qualify for a S	Self-Assessment Fire Insp			
Businesses between 1-5,000 S		\$75.00 \$435.00	,	
Businesses between 5,001-10,		\$125.00 \$250.00		
Businesses greater than 10,00 Businesses with Fire Alarm, S		\$250.00 Suppression + \$50.00		
Return completed form to: Mills City Hall 720 4th Street			l l	USE ONLY was / was not



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 #: ☐ Change of Ownership ☐ Change of Location Renewal | Expired **GENERAL INFORMATION** Name of Business: Business Phone Number: 333-4810 WY Tax ID Number: 10017: Tribago LOMWebsite: www. Drai Description of Business: Keta APPLICANT INFORMATION Phone Number: 25° Applicant Name: Mailing Address: 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 \$125.00 Businesses between 5,001-10,000 Sq. Feet Businesses greater than 10,000 Sq. Feet \$250.00

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

Businesses with Fire Alarm, Sprinkler System or Hood Suppression

OFFICE	USE	ONLY
011101		OILL

+ \$50.00

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 #: 4733	ns shall be returned.	Date	:11/26/24
☐ New Business ☐ Change of Ownership ☐ Chang	e of Location Ren	ewal	pired
GENERAL INFORMATION			
Name of Business: Rightway Real Estate	·,LLC	_	
Name of Business: Rightway Real Estate Physical Address: 4921 W Highway St Street	4 Mills	W Y State	82601 Zip
Mailing Address: 4456 S C-enter St Street	<u>Caseer</u>	State	8260
Business Phone Number: 307 267-4381 WY Tax IE		0.0.0	ip
Email Address: hatenant@yahoo.com/Vebsite:			
Description of Business: (eal estate, rentals,			
APPLICANT INFORMATION			
Applicant Name: Hayley Tennant	Pho	ao Numberi	267-438
Mailing Address: 4450 S Center St Street	Caspel		•
i certify that the above information is correct and true to the	e best of my knowled	ge.	
There will be a fire inspection fee to be paid at the time the Lie	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		·
Return completed form to: Mills City Hall			

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 _____



Council Meeting: January 14, 2025

	New Contractor Li	censes	
	Business Name	Insurance	Contractor ID
_			
	Renewal Contractor	Licenses	
	Business Name	Insurance	Contractor ID
809	Automation & Electrics, Inc.		Yes
9385	GW Mechanical		Yes
9581	Hansen Contracting		Yes
9819	Shaw Investments LLC		Yes
9594	Sterling Excavation		Yes
9878	Tactical Xteriors		Yes



307-234-6679



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.

#: 809				Da	ate: 12/31/24
	New License	「X Renewal License	e 「Expi	red License	
AL INFORMATION	<u>NC</u>				
Business:	Automation & Electro	onics, Inc.			
Address:	610 W Platte Rd		sper	WY	82601
	Street PO Box 2670	Ca	City sper	State WY	Zip 82602
\ddress:	Street		City	State	Zip
mia_kambo	r: 307-234-9311 ris@autoelect.com			<u>.</u>	
ldress:		_ Website: <u>\</u>	•autoelec	t.com	
Classifications:_	State of Wyoming E	Electrical Contr	actors Li	cense	
City of Mills ANT INFORMAT Mi. t Name:	TION.	Natrona County enses must be attach		pplication	□ Other 307-234-9311
P()	Box 2670		Casper		
Address:	Street		City	State	
cants Signature:	License fee to be paid at the		12/31	OFFIC This licens	E USE ONLY e was / was not a meeting of the Mills
th Street		JAN 02	2025		This licens



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.

000-	completed. Incon	nplete applications shall l	be returned.		
License #: 9385				Date	e:12/18/2024
	☐ New License	Renewal License	Expired Li	icense	
GENERAL INFORMATION					
Name of Business: GW Med	hanical				
Physical Address: 3638 Bure	d Rd		Mills	WY	82644
S	Street		City	State	Zip
Mailing Address: P.O.Box 2	392		Mills	WY	82644
	Street		City	State	Zip
Business Phone Number: 307	-472-1833	Cell Number:			
Email Address: gw@gwme	chanical.com	Website:_WWW.Q	gwmechani	cal.com	•
License Classifications: Pluml	oing Business				
LICENSE ISSUED BY					
City of Mills	•	Natrona County enses must be attached	•	•	l Other
APPLICANT INFORMATION					
Applicant Name: Kara Garb	utt		Pho	one Number: <u>3</u>	07-472-1833
Mailing Address: P.O.Box 2	392		Mills	WY	82644
	treet		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 \$35.00 License fee to be paid at the time the license is issued					
Return completed form to: Mills City Hall 720 4th Street 307-234-6679				This license v	neeting of the Mills



APPLICATION FOR Contractor License

	İ
A Contractor License is required for ANY Contractor doing work within the City of Mills, a Con	tractor's License Application must be
A Contractor License is required for ANY Contractor doing state of the complete applications shall be returned.	1-1-1
License #: S	Date: C. 7
☐ New License ☐ Renewal License ☐ Expire	d License JAN 07 2025
GENERAL INFORMATION	poen g
Name of Business: HAUSEN COATRACTING	wy 82604
Physical Address: 20 80 Face Chount CASISTO	State Zip
Physical Address: 20 80 Pair Crount Casasa Street City Mailing Address: 771 W 57 Casasa City	we 82601
Ottoor	State Zip
Business Phone Number 259-8620 Cell Number: Same	
Email Address: harsen contracting website:	
License Classifications:	
LICENSE ISSUED BY	
☐ City of Mills ☐ City of Casper ☐ Natrona County ☐ State ☐ A copy of all licenses must be attached to this ap	of Wyoming Cother oplication
APPLICANT INFORMATION	202>59-8620
Applicant Name: Chris Husen	Phone Number: 307259-8620
Mailier Address: 771 W 57th Caspe	s We 32601
Mailing Address: Ltt Street City	State Zip
I certify that the above information is correct and true to the best of my known and the second seco	nowledge.
Return completed form to:	OFFICE USE ONLY
Mills City Hall	This license was / was not
704 4 th Street	Granted at a meeting of the Mills
Po Box 789	City Council on the
Mills, WY 82644 307-234-6679	Attest



307-234-6679

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. Data 12/30/24 1010

License #: \(\frac{1}{2}\)		Date	147012
「New License	Renewal License	icense	
GENERAL INFORMATION			
Name of Business: Shay Investment	5 666		
Physical Address: 5545, Grant Street	Casper	My	82601
	City	State	Zip
Mailing Address: PO Box 695 Street	Casper City	Wy State	8260Z Zip
Business Phone Number:	Cell Number: 307-29	8-6316	
Email Address: flipping wyocity@	Website:		
License Classifications:			
A copy of all license	atrona County	ation	Other 7-258-6314
Applicant Name: Kammi Shaw			
Mailing Address: PO Box 695 Street	Casper	State	82602 Zip
I certify that the above information is correct a	nd true to the best of my know	ledge.	
There will be a \$35.00 License fee to be paid at the time	e the license is issued		
Return completed form to: Mills City Hall 704 4 th Street Po Box 789		OFFICE This license	LICE ONLY



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 #: 45 94	Date: 12-20-24
New License Renewal License	Expired License
GENERAL INFORMATION	
Name of Business: Sterling Excauction	
Physical Address: 853 S Third Ave. H	city State Zip
Mailing Address: PO Box 2651 Mi	City State Zip
Business Phone Number: 307-356-5381 Cell Number: 30	57-258-5381
Email Address: New Chames Website:	·
License Classifications: Exerior utilities and	dirt Work.
LICENSE ISSUED BY	
City of Mills City of Casper Natrona County A copy of all licenses must be attached to	State of Wyoming Other this application
APPLICANT INFORMATION	
Applicant Name: Nick Sterling	Phone Number: <u>307 258-</u> 5381
Mailing Address: PD Box 2057 Will Street	City State Zip
I certify that the above information is correct and true to the best of	my knowledge.
Applicants Signature: Mich Signature:	
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	OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the
307-234-6679	Attact





APPLICATION FOR Contractor License

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License #: Y () / X		Date:_(_	1 0
New License Renewal License	Expired License	.	
GENERAL INFORMATION			
Name of Business: Tactical Xteriors			
Physical Address: 4408 Trotter Rd C	City PET	State 8	Z604 Zip
Mailing Address: Street	City	State	Zip
Business Phone Number: 307-333-6626 Cell Number:			
Email Address: Tactical Xteriors @ Website:			
License Classifications: ROOFing, Siding, Gutters, windows/Doors			
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: Michael Tack		lumber:_367~_	
Mailing Address: 4408 Trotter Rd Casp Street	er w	y 826	GY
Street	City	State	ΖΙΡ
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			

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 _____