



CITY OF MILLS
EST. 1921

**APPLICATION FOR
Business License**

PAID
JAN 14 2025

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 #: 9852

Date: 1/7/25

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: CULLIGAN OF CASPER

Physical Address: 625 JOHNSON AVE MORIS WY 82604
Street City State Zip

Mailing Address: 211 W 19TH ST KEARNEY NE 68845
Street City State Zip

Business Phone Number: 307-577-7638 WY Tax ID Number: 830620438

Email Address: bronson@culligancountry.com Website: www.culliganwaterwyoming.com

Description of Business: WATER TREATMENT SALES & SERVICE

APPLICANT INFORMATION

Applicant Name: BRONSON BOSSHAMER Phone Number: 308-440-0674

Mailing Address: 211 W 19TH ST KEARNEY NE 68845
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

\$45

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



CITY OF MILLS
EST. 1991

PAID
JAN 14 2025
JAN 14 2025

**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 #: 9507

Date: 1/3/25

New Business Change of Ownership Change of Location Renewal Expired

GENERAL INFORMATION

Name of Business: MAVERIK, INC #547

Physical Address: 4651 W. YELLOWSTONE HWY, MILLS WY 82604
Street City State Zip

Mailing Address: 105 SOUTH STATE ST #800 SALT LAKE CITY UT 84111
Street City State Zip

Business Phone Number: 307-237-0886 WY Tax ID Number: _____

Email Address: licensing@maverik.com Website: WWW.MAVERIK.COM

Description of Business: GAS STATION / CONV. STORE

APPLICANT INFORMATION

Applicant Name: MAVERIK, INC. Phone Number: 801.936.5557

Mailing Address: 105 SOUTH STATE ST #800 SALT LAKE CITY UT 84111
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	<u>\$125.00</u>
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

*plus 50.00
fire insp.*

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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 #: 800

Date: 12/31/24

New License

Renewal License

Expired License

PAID
JAN 13 2025

GENERAL INFORMATION

Name of Business: All Service Plumbing

Physical Address: 506 W. Birch St. #2 Glenrock WY 82637
Street City State Zip

Mailing Address: PO BOX 1386 Glenrock WY 82637
Street City State Zip

Business Phone Number: 307-267-0595 Cell Number: 307-253-7285

Email Address: aspgr@hotmail.com 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: Timothy Cain Phone Number: 307-253-7285

Mailing Address: PO BOX 1386 Glenrock WY 82637
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 \$35.00 License fee to be paid at the time the license is issued

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CITY OF MILLS
EST. 1921

APPLICATION FOR Contractor License

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License #: 9500

Date: 01/13-25

New License Renewal License Expired License

PAID
JAN 13 2025

GENERAL INFORMATION

Name of Business: JNL DESIGNS & CONSTRUCTION

Physical Address: 1654 BELLAIRE DR. CASPER WY 82604
Street City State Zip

Mailing Address: 1654 BELLAIRE DR. CASPER WY 82604
Street City State Zip

Business Phone Number: 307-797-1126 Cell Number: 307-258-2915

Email Address: CONNELT@JNLDESIGNSCO.COM Website: WWW.JNLDESIGNSCO.COM

License Classifications: CLASS 2A GENERAL 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: John Miller - JNL DESIGNS & CONSTRUCTION Phone Number: 307-258-2915

Mailing Address: 1654 BELLAIRE DR. 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 \$35.00 License fee to be paid at the time the license is issued

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CITY OF MILLS
EST. 1921

PAID
JAN 22 2025

**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 #: 852

Date: 1/20/25

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: Wyatt Electric, Inc

Physical Address: 2320 Jade Ave Casper WY 82604
Street City State Zip

Mailing Address: 2320 Jade Ave Casper WY 82604
Street City State Zip

Business Phone Number: 307-235-9928 Cell Number: 307-262-1251

Email Address: dwyatt@wyatt-electric.com Website: _____

License Classifications: 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: Wyatt Electric, Inc David Wyatt Phone Number: 307-235-9928

Mailing Address: 2320 Jade Ave 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 David Wyatt

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

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