

License # 9703

# Application for Business License - Town of Mills

DATE 6/11/2020

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



I, Sean McFadden, the Owner of Better Bids Painting  
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 2401 Grand View #37 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

Painting Residential within the Town of Mills for a  
DESCRIBE THE TYPE OF BUSINESS

period of ONE year, beginning the 23 day of JUNE, 2020

Business mailing address: 2401 Grand View Pl #37  
City Casper State WY Zip 82604

Business phone number: 307-921-2286 WY Tax ID Number: 85-1336151

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 Sean McFadden Print Name Sean McFadden

**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: 6-11-2021 Fire Inspection Completed Date: 12/18

**PAID**  
JUN 11 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 23 day of JUNE, 201920

Attest \_\_\_\_\_  
Town Clerk



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/11/2020

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 <b>Wyoming Financial Insurance</b> 400 E 1st St, Ste 105 Casper, WY 82601  <span style="font-size: 2em; color: blue;">9703</span>	CONTACT NAME: <b>Wendy Elmer</b> PHONE (A/C, No, Ext): <b>(307) 233-8329</b> FAX (A/C, No): E-MAIL ADDRESS: <b>welmer@wercs.com</b>  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td style="border-top: 1px solid black;">INSURER A: <b>ACE Fire Underwriters Insurance Company</b></td> <td style="border-top: 1px solid black;"><b>20702</b></td> </tr> <tr> <td style="border-top: 1px solid black;">INSURER B:</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">INSURER C:</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">INSURER D:</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">INSURER E:</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>ACE Fire Underwriters Insurance Company</b>	<b>20702</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															
INSURED  <b>Sean McFadden dba Better Bids Painting</b> 2401 Grand View #37 Casper, WY 82604															

**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.

INSTR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <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:			D95478591	6/11/2020	6/11/2021	EACH OCCURRENCE    \$ <b>1,000,000</b>					
							DAMAGE TO RENTED PREMISES (Ea occurrence)    \$ <b>1,000,000</b>					
							MED EXP (Any one person)    \$ <b>5,000</b>					
							PERSONAL & ADV INJURY    \$ <b>1,000,000</b>					
							GENERAL AGGREGATE    \$ <b>2,000,000</b>					
							PRODUCTS - COMP/OP AGG    \$ <b>2,000,000</b>					
							\$					
							COMBINED SINGLE LIMIT (Ea accident)    \$					
							BODILY INJURY (Per person)    \$					
							BODILY INJURY (Per accident)    \$					
							PROPERTY DAMAGE (Per accident)    \$					
							\$					
							EACH OCCURRENCE    \$					
							AGGREGATE    \$					
							\$					
							PER STATUTE	OTI- 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)

<b>CERTIFICATE HOLDER</b>  Town of Mills PO Box 789 Mills, WY 82644	<b>CANCELLATION</b>  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 
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SCANNED

