Application for Business License - Town of Mills

6.0	1, Tyson Schroeder	, theOWN & TITLE (i.e. owne	of er, manager, etc.)	TUSON HOME SENICE BUSINESS NAME (as it will appear on the license)
located at				
do hereby a	BUSINESS PHYSICAL STREET ADDI 1852 42 57. GUANS, O Renewal Expired (fee is doubled) pply to the Town Council of the Town of	Commercial Home Itinerant Sales	\$65.00 \$65.00 \$25.00 erate my	AUG 13 2020 TOWN OF MILLS
Business m	DESCRIBE THE TYPE OF BUSINESS NE year, beginning the	day of Aulust	, 2020.	***All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.*** OFFICE USE ONLY
pusiliess b		Clerk of the Town of Mills Wyoming, do hereby certify that the above license was read, examined and was / was not grante at a regular meeting of the Town Council he		
Do you tra Do you hav at your bu Does your Does your	vel in and out of Mills, WY for your ve any type of equipment, trucks, or siness location in Mills, WY? business operate out of a commeric business operate out of a residentic siness mobile (i.e. Taxi, Handyman,	tars, trailers, materials, etc. 1 ES NO If YES, how cal building? YES NO Construction, etc.)?	many? in columbo NO	hereby certify that the above license was read, examined and was / was not granted at a regular meeting of the Town Council held
Do you tra Do you hav at your bu Does your Does your	ve any type of equipment, trucks, of siness location in Mills, WY? business operate out of a commeric business operate out of a residentic siness mobile (i.e. Taxi, Handyman,	tars, trailers, materials, etc. 1 ES NO If YES, how cal building? YES NO Construction, etc.)?	many? in columbo NO	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 day of
Do you tra Do you have at your bu Does your Does your Is your bu Signed 7	business operate out of a commerication in Mills, WY? business operate out of a commerication in Mills, WY? business operate out of a residentification in Mills but you come into Mills to sell, we since the solution of the solution in t	rars, trailers, materials, etc. 16 ES NO If YES, how cal building? YES NO Construction, etc.)? YES Print Name TYSO So Fore license is approved ate within the Town of Mills. If you cor to perform a service, a license is ref-6679 if you have any questions.	many? in colomely NO No edecl r main location is not in equired.	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

OFFICE USE ONLY

1, CHRISTON 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 25 day of
Auleus7., 2020.
Attest

XBP Confirmation Number: 84202974

Receipt for Payment to: Town of Mills

Date/Time: 08/13/2020 2:38:28 PM
Transaction #: 131140119PT
Payment Method: Visa
Transaction Status: Successful

Items

LICENSE PAYMENT NE 65.00

Total: 65.00

tyson schroeder 80260

Payment Service Provided By www.xpressbillpay.com

ASHFORDA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/11/2020

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).

			01.0	omer rights to		5016	inicate notaer in nea or or	CONTACT Amand	a Burks				
PRODUCER Insurance Office of America							01	NAME: PHONE (A/C, No, Ext): (407) 998-5442 15422 (A/C, No):					
501 Suite	6. C	herry Street					93/3	E-MAIL ADDRESS: amand	a.burks@ioa	usa.com			
Suite 600 Denver, CO 80246							15			RDING COVERAGE		NAIC#	
										onal Underwriters Ltd		NA	
								INSURER B:					
INSURED													
		Tyson Hon 1852 42nd		Service Inc				INSURER C:					
		Evans, CO						INSURER D :	C	CANNED			
LVaii5, 00 00020								INSURER E:					
								INSURER F:					
CO	/ER	AGES					E NUMBER:	= ===:::00!!=	TO THE INOL	REVISION NUMBER:	TUE DO	LICY BERIOD	
IN	DICA	ATED. NOTWITH	ISS	NDING ANY R UED OR MAY	EQUI PER	REM TAIN	SURANCE LISTED BELOW IENT, TERM OR CONDITIO I, THE INSURANCE AFFOR I. LIMITS SHOWN MAY HAVE	ON OF ANY CONTR RDED BY THE POL E BEEN REDUCED B	CIES DESCRIE Y PAID CLAIMS	BED HEREIN IS SUBJECT 1	ECTIC	VVHICH ITIS	
INSR LTR				ADDL			POLICY EFF (MM/DD/YYYY	POLICY EXP () (MM/DD/YYYY)	LIMIT	rs			
A	Х	COMMERCIAL GEN				T. T. W.				EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE					PAL1273931-02	10/1/2019	10/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
										MED EXP (Any one person)	s	5,000	
	-									PERSONAL & ADV INJURY	s	1,000,000	
			i en i							GENERAL AGGREGATE	s	2,000,000	
		N'L AGGREGATE LIM		1 1/2/2000								2,000,000	
	Х	POLICY PRO	T	LOC						PRODUCTS - COMP/OP AGG	\$		
		OTHER:							4	COMBINED SINGLE LIMIT	\$		
	AU1	TOMOBILE LIABILITY	•							(Ea accident)	\$		
		ANY AUTO		0.0000000000000000000000000000000000000						BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY	7	AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY	1	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
		333333333		Wine researchees							\$		
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$		
		DED RETEN	NTION	IS							s		
	WOF	RKERS COMPENSAT	ION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				N/A					E.L. EACH ACCIDENT	s			
OFFICER/MEMBER EXCLUDED?								E.L. DISEASE - EA EMPLOYER	E \$				
	If ye	s, describe under								E.L. DISEASE - POLICY LIMIT			
_	DES	SCRIPTION OF OPER	AHOR	45 Delow									
										ulrod)	1		
DES	CRIP	TION OF OPERATION	IS/LC	CATIONS / VEHIC	LES (ACOF	RD 101, Additional Remarks Scheo	dule, may be attached if i	nore space is requ	ired)			
CE	DTII	FICATE HOLDE	R					CANCELLATIO	N				
CE	KIII	FICATE HOLDE	_IX					SHOULD ANY O	F THE ABOVE	DESCRIBED POLICIES BE (HEREOF, NOTICE WILL ICY PROVISIONS.	CANCE BE D	LLED BEFORE DELIVERED IN	
Town of Mills													
								AUTHORIZED REPRESENTATIVE					
Town of Mills P.O. Box 789.								Pl. S					
		Mills, WY		14				400					
MIIIS, WY 82044								© 1988-2015 ACORD CORPORATION. All rights reserved.					