



CITY OF MILLS
EST. 1921

RECEIVED

JUL 03 2024

**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 #: 9906

Date: 7-3-2024

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: HC Company

Physical Address: 12650 W. Bridger Street Suite 100 Boise Idaho 83713
Street City State Zip

Mailing Address: 12650 W. Bridger Street Suite 100 Boise Idaho 83713
Street City State Zip

Business Phone Number: 208-321-4990 Cell Number: 208-866-1454

Email Address: phannaford@hcco-inc.com Website: www.hcco-inc.com

License Classifications: 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: Patrick Hannaford Phone Number: 208-866-1454

Mailing Address: 12650 W. Bridger Street Suite 100 Boise Idaho 83713
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

PAID

JUL 03 2024

Return completed form to:
Mills City Hall
720 4th Street
307-234-6679

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



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JUN 25 2024

**APPLICATION FOR
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License #: 91000

Date: 6/21/2024

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: ML Construction

Physical Address: 4926 Fitzhugh Rd Casper WY 82604
Street City State Zip

Mailing Address: P.O. Box 1162 Mills WY 82644
Street City State Zip

Business Phone Number: 307-262-9193 Cell Number: 307-262-9193

Email Address: mark-klm@yahoo.com Website: _____

License Classifications: 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: Mark B. Klein Phone Number: 307-262-9193

Mailing Address: P.O. Box 1162 Mills WY 82644
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

PAID

JUN 25 2024

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**APPLICATION FOR
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License #: 9691

Date: 7/3/24

New License Renewal License Expired License

GENERAL INFORMATION

Name of Business: ~~General Contractor~~ Toland Construction

Physical Address: 2200 W 39th St. Casper WY 82604
Street City State Zip

Mailing Address: 2200 W 39th St. Casper WY 82604
Street City State Zip

Business Phone Number: _____ Cell Number: 307 315 4727

Email Address: splinterpicker29@yahoo Website: _____

License Classifications: Class II GC

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 Toland Phone Number: 307 315 4727

Mailing Address: 2200 W 39th St. 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

PAID

JUL 03 2024

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

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City Council on the _____
Attest _____

