Council Meeting July 9, 2024

| | NEW CONTRACTOR LICENSES | | | | | | | | |
|---|-------------------------|---------------|-----------|------|--|--|--|--|--|
| | BUSINESS NAME | CONTRACTOR ID | INSURANCE | FIRE | | | | | |
| 1 | HC Company | Yes | NA | NA | | | | | |
| | RENEWAL CONTRA | CTOR LICENSES | | | | | | | |
| | BUSINESS NAME | CONTRACTOR ID | INSURANCE | FIRE | | | | | |
| 1 | MC Construction | Yes | NA | NA | | | | | |
| 2 | Toland Construction | Yes | NA | NA | | | | | |
| 3 | Wyoming Insulation, LLC | No | NA | NA | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



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 #: 99010 | | Dat | e: 7-3-2024 |
|---|--|---------------------------------|-----------------------|
| | License | cense | |
| 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 Nu | mber: 208-866-1454 | | **** |
| Email Address: phannaford@hcco-inc.com Website | | | |
| License Classifications: General Contractor | | | |
| LICENSE ISSUED BY | | | |
| ☐ City of Mills ☐ City of Casper ☐ Natrona Co A copy of all licenses must b APPLICANT INFORMATION | | _ | ☐ Other |
| A copy of all licenses must b | e attached to this applica | tion | Other 208-866-1454 |
| A copy of all licenses must be APPLICANT INFORMATION | e attached to this applica | tion | |
| A copy of all licenses must be APPLICANT INFORMATION Applicant Name: Patrick Hannaford | pe attached to this applica | one Number: | 208-866-1454 |
| A copy of all licenses must be APPLICANT INFORMATION Applicant Name: Patrick Hannaford Mailing Address: 12650 W. Bridger Street Suite 100 | Phe attached to this applicate the attached to the attached to the attached the attached to the attached to the attached the attach | one Number: 2 Idaho State dge. | 208-866-1454 83713 |



JUN 25 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 #: 41000 X Renewal License New License Expired License GENERAL INFORMATION Name of Business: Physical Address: Mailing Address: State -262-9193 Cell Number: 307 - 262 - 9193 Business Phone Number: 107 Email Address: Mark Website: intentor License Classifications: LICENSE ISSUED BY City of Casper City of Mills Natrona County State of Wyoming Other A copy of all licenses must be attached to this application APPLICANT INFORMATION Applicant Name: Mailing Address: I certify that the above information is correct and true to the best of my knowledge. Applicants Signature: PAID There will be a \$35.00 License fee to be paid at the time the license is issued JUN 2 5 2024 Return completed form to: Mills City Hall OFFICE USE ONLY 720 4th Street This license was / was not

307-234-6679

Granted at a meeting of the Mills City Council on the ___

Attest





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 #: 4691 ☐ New License **GENERAL INFORMATION** Name of Business: Genera Physical Address: 2200 Mailing Address: 2200 Cell Number: 307 3/5 4727 Business Phone Number: Email Address: 5pl sterpicker 29@yahoo Website: License Classifications: Class II 6C LICENSE ISSUED BY City of Mills Other A copy of all licenses must be attached to this application APPLICANT INFORMATION Phone Number: 307 3/5 4727

Casper W/ 82604

City State 7in Applicant Name: Michael Toland

Mailing Address: 2200 W 39 th 5t. I certify that the above information is correct and true to the best of my knowledge. Applicants Signature: PAID There will be a \$35.00 License fee to be paid at the time the license is issued IUL 0 3 2024 Return completed form to: Mills City Hall OFFICE USE ONLY

704 4th Street Po Box 789 Mills, WY 82644 307-234-6679

This license was / was not Granted at a meeting of the Mills City Council on the

Attest



RECEIVED JUN 2 5 2024

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.

| License #: 9554 | , | | Da | te: 6/26/24 | | | | | |
|---|---------------------------|----------------------------|---------------|---|--|--|--|--|--|
| | ☐ New License | ☐ Renewal License | ired License | | | | | | |
| GENERAL INFORMATION | | | | | | | | | |
| Name of Business: Wyoming | g Insulation, LL | C | | | | | | | |
| Physical Address: 610 N W | arehouse Rd. | Casper | WY | 82601 | | | | | |
| | Street | City | State | Zip | | | | | |
| Mailing Address: 610 N Wa | rehouse Rd. | Casper | WY | 82601 | | | | | |
| | Street | City | State | Zip | | | | | |
| Business Phone Number: 307 | -333-6700 | Cell Number: 307-259- | 5954 | | | | | | |
| Email Address: info@wyins | sulation.com | Website: | | | | | | | |
| License Classifications: Insula | ation | | | | | | | | |
| 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: Chris Bea | ra | | Phone Number: | 307-259-5954 | | | | | |
| Mailing Address: 610 N Wa | rehouse Rd. | Casper | WY | 82601 | | | | | |
| 5 | 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 | e fee to be paid at the t | time the license is issued | j | UN 2 5 2024 | | | | | |
| Return completed form to: Mills City Hall 720 4 th Street 307-234-6679 | | | This license | E USE ONLY was / was not meeting of the Mills | | | | | |