## Application for Business License - Town of Mills

Incomplete Applications will be returned. Complete all fields in RED

| -      |        | AN 223NIZINE |
|--------|--------|--------------|
| SNGINE | 7 THUC | Audie's      |

Bunder

BUSINESS NAME (as it will appear on the license)

## **GIA9**

JUN 12 2020

### LOWN OF MILLS

\*\*\*.M.4 00:8 of .M.A 00:8 of operating hours are limited sales roob of roob IIA\*\*\*

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| <b>ү</b> бр | K/ a       | held on th | lionno) ı  | the Town   |
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| yh certify  | ß, do here | nimoγW 2   | lliM to nw | of the Tov |
| own Clerk   | 1 716      | TUNVI      | The        | रायम्य १   |

**Town Clerk** 

|                       | ense is approved          | be PAID before lic            | Fee is to              |               |
|-----------------------|---------------------------|-------------------------------|------------------------|---------------|
| Regard                | Vame Audie Mo             | 1 Juing                       | Mi Though              | bengiè        |
| ON                    | on, etc.)? 🗆 YES 🖎        | , Handyman, Constructi        | ixsT .ə.i) əlidom zzər | s your busing |
|                       | LES A NO                  | Semod laitnebiser a fo        | tuo eteraqo esanisu    | Joes your b   |
|                       | SS ALES ONO               | of a commerical building      | usiness operate out    | Joes your b   |
| 6                     | YES, how many?            | A LES ON IL                   | SYW , slliM ni noits   | ousiness loc  |
| ill be parked at your | s, materials, etc. that w | ent, trucks, cars, trailers   | any type of equipm     | oo kon pave   |
|                       | ON A SEA                  | WY for your Business?         | elliM to tuo bns ni la | Oo you trave  |
| 7£33£48-              | Tax ID Number:            | 8586-75E                      | one number: (307)      | oud ssauisus  |
| 4098 di               |                           | , ,                           |                        |               |
|                       | Ne Hwy.                   | of 540 / 10 00                | iling address:         | em ssənisu8   |
| -810Z ° O-C C         | - 720C                    | jo Kep hT                     | year, beginning the    | BNO to boined |
|                       |                           | OF BUSINESS                   | DESCRIBE THE TYPE      |               |
| s 101 slliN           | A to nwoT sht nintiw      | Repair                        | LL ENGINE              | trus          |
| te my                 | Business License to opera | s rof the Town of Mills for a | ionuoD nwoT bdt ot yld | lo hereby app |
| 00.22\$               | □ Itinerant Sales         | (pəjo                         | z Expired (fee is doub | ]             |
| 00.29\$               | ашон □                    |                               | Renewal                | ]             |
| 00.29\$               | ₹ Commercial              |                               | Welley                 | Ų.            |
| qız,∃TAT              | CITY, S                   | SEARODA TABATZ JADI           | BUSINESS PHYS          |               |
| 4096                  | 8 KM SIIIN                | Towstone Hwy.                 | Has W. Yel             | located at    |
| r, manager, etc.)     | IIILE (I.e. owne          | 7                             | MAN                    |               |
| 1 540 30000000 31     |                           |                               | MAN SIMMY              | 2000          |

You may fax your insurance to 307.234.6528. To schedule your Fire Inspection call 307.439.1245. Please call Town Hall at 234.6679 if you have any questions. in Mills, but you come into Mills to sell, or to perform a service, a license is required. A business license is required for ANY business to operate within the Town of Mills. If your main location is not

OFFICE USE ONLY

Insurance Expiration Date: 10 -10 -20 50 Fire Inspection Completed Date:



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/3/2020

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).

Alliance Insurance Group, LLC

259 S Center, Ste 206 Casper, WY 82601



PHONE (A/C, No. Ext): (307) 333-5208

FAX (A/C, No): (307) 939-2220

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

41297

INSURED

Audie Morgan DBA: Audies Small Engines 4200 West Yellowstone Highway Casper, WY 82609

INSURER A : Scottsdale INSURER B

INSURER C

INSURER D

INSURER E

INSURER F :

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.

| INSR<br>LTR. |             | TYPE OF INSU   | IRAN | CE                           | ADDL SUBR | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | S  |           |
|--------------|-------------|--|------|------------------------------|-----------|---------------|----------------------------|----------------------------|---|----|-----------|
| Α            | X           | COMMERCIAL GENER   | RAL  | LIABILITY                    |           |               |                            |                            | EACH OCCURRENCE                                 | S  | 1,000,000 |
|              |             | CLAIMS-MADE  | Х    | OCCUR                        | X         | CPS3300381    | 10/10/2019                 | 10/10/2020                 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)    | 5  | 100,000   |
|              |             |  |      |                              |           |               |                            |                            | MED EXP (Any one person)                        | \$ | 5,000     |
|              |             |  |      |                              |           |               |                            |                            | PERSONAL & ADV INJURY                           | \$ | 1,000,000 |
|              | GEN         | NI. AGGREGATE LIMIT  | APPI | ILSPER                       |           |               |                            |                            | GENERAL AGGREGATE                               | 5  | 2,000,000 |
|              | Χ           | POLICY PRO-<br>JECT  |      | 1.00                         |           |               |                            |                            | PRODUCTS - COMP/OP AGG                          | \$ | 2,000,000 |
|              | AUT         | OTHER<br>COMOBILE LIABILITY                                | -    |                              |           |               |                            | The Theorem                | COMBINED SINGLE LIMIT<br>(Ea accident)          | \$ |           |
|              |             | ANY AUTO   |      |                              |           |               |                            |                            | BODILY INJURY (Per person)                      | \$ |           |
|              |             | OWNED<br>AUTOS ONLY<br>HIRED                               | AL   | CHEDULED<br>JTOS<br>DN-OWNED |           |               |                            |                            | BODILY INJURY (Per accident)<br>PROPERTY DAMAGE | \$ |           |
|              |             | AUTOS ONLY   | AL   | ITOS ONLY                    |           |               |                            |                            | (Per accident)                                  | S  |           |
|              |             | UMBRELLA LIAB  |      | OCCUR                        |           |               |                            |                            | EACH OCCURRENCE                                 | \$ |           |
|              |             | EXCESS LIAB  |      | CLAIMS-MAC                   | F:        |               |                            |                            | AGGREGATE                                       | 5  |           |
|              |             | DED RETENTION  | ON S |                              |           |               |                            |                            |   | S  |           |
|              | WOR         | RKERS COMPENSATION<br>EMPLOYERS' LIABILIT                  | Y    | Y / 1                        |           |               |                            |                            | PER OTH-<br>STATUTE ER                          |    |           |
|              | ANY<br>OFFI | PROPRIETOR/PARTNER<br>CER/MEMBER EXCLUDE<br>Idatory in NH) | EED? | ECUTIVE                      | N/A       |               |                            |                            | E L EACH ACCIDENT                               | \$ |           |
|              |             | idatory in NH)<br>s describe under                         |      |                              |           |               |                            |                            | E L DISEASE - EA EMPLOYEE                       | \$ |           |
|              |             | CRIPTION OF OPERATI  | ONS  | below                        |           |               |                            |                            | E L. DISEASE - POLICY LIMIT                     | \$ |           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The following location has been added to the above referenced General Liability Policy

4200 West Yellowstone Highway, Casper WY 82609

CLE Properties is listed as Loss Payee on the following location, and additional insured on the above referenced policy.

CERTIFICATE HOLDER

CANCELLATION

**CLE Properties LLC** 2450 East 7th Street Casper, WY 82609

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

# PAID

JUL 07 2020

## TOWN OF MILLS

CONTARCTOR

| License # 9706 Application   | for Business L  | icense - Towr        | of Mills   |
|--|---|----------------------|--|
| Control of the Contro | plications will be returned.  |                      | DATE COLLO 2   |
| Tyler Clark  | the Owney TITLE (i.e. owner  303 Casp   | of                   | Labyrinth Design Ir  |
| □ Renewal □ Expired (fee is doubled)  do hereby apply to the Town Council of the Town of Mills for   |   |                      |  |
| DESCRIBE THE TYPE OF BUSINESS  period of ONE year, beginning the 14 day of day of day of day.  | July  | 20 <b>18</b> .       | "All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M."                     |
| Business phone number: 307-267-575(aw) Do you travel in and out of Mills, WY for your Business Do you have any type of equipment, trucks, cars, traile business location in Mills, WY? YES NO Does your business operate out of a commerical buildi  | State ZZ  | Il be parked at your | OFFICE USE ONLY  I, CHRISTER TRUMB WILL Town Clerk of the Town of Mills Wyoming, do hereby certify |
| Does your business operate out of a residential home?<br>Is your business mobile (i.e. Taxi, Handyman, Construc  | tion, etc.)? × YES  |                      | that the above license was read, examined and was / was not granted at a regular meeting of        |
| Fee is to be PAID before II  |   |                      |  |
| A business license is required for ANY business to operate wit in Mills, but you come into Mills to sell, or to perfect the Please call Town Hall at 234.6679 it. You may fax your insurance to 307.234.6528. To sche  | thin the Town of Mills. If yo<br>reform a service, a license is r<br>f you have any questions.<br>dule your Fire Inspection cal | equired.             | of   |





## City of Casper, Wyoming

#### LABYRINTH DESIGN INC.

has met the requirements set forth by the City of Casper and is competent to perform work as a

#### General III

CL-19-773

This License Expires: 12/31/2020

| License # 9709 Application for Contractor License - Tow   | n of Mills DATE 4/18/2020  |  |  |
|---|--|--|--|
| Incomplete Applications will be returned. Complete all fields in RE   | DATE 4 (18/2026)   |  |  |
| I, MARY LORGZ, the BOOKKEEPER of  | MC E DOFING, CCC  BUSINESS NAME (as it will appear on the license) |  |  |
| located at TOIE, E#150 CASPER, WY 82601   |  |  |  |
| 6   | PAID   |  |  |
| □ Renewal   | JUN 18 2020  |  |  |
| □ Expired (fee is doubled)  | TOWN OF MILLS  |  |  |
| do hereby apply to the Town Council of the Town of Mills for a Contractor License to operate my business within the Town of Mills   | TOTAL MILLS  |  |  |
| period of ONE year, beginning the   |  |  |  |
| Business mailing address: 1701 E.E #150   | OFFICE USE ONLY  |  |  |
| City CASPER State WY Zip 82601  | STITLE OSE OIVET   |  |  |
| Business phone #: 3073156105 Contractor ID #:   | I, CHRISTING TRANSMIL, Town Clerk                                  |  |  |
| Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo   | of the Town of Mills Wyoming, do hereby certify                    |  |  |
| (circle one)  | that the above license was read, examined and                      |  |  |
| Signed Print Name MARY LIPE 2   | was / was not granted at a regular meeting of                      |  |  |
| Fee is to be PAID before license is approved  | the Town Council held on theday                                    |  |  |
| A contractor license is required for a contractor to operate business within the Town of  | of <u>July</u> , 2020.   |  |  |
| Mills. Please call Town Hall at 234.6679 if you have any questions.   | Attest   |  |  |
| Fire Inspection Fire Inspection Completed Date  | Town Clerk   |  |  |
| Proof of Liability Insurance: Insurance Expiration Date 2-18-2021  Contractor License Contractor License Expiration Date 12-31-2020 |  |  |  |

(The Town must have a copy of your Certificate of Liability from your insurance company)

## OFFICE USE ONLY



MC ROOFING, LLC

has met the requirements set forth by the City of Casper and is competent to perform work as a

Roofing

CL-19-512

This License Expires: 12/31/2020





## Natrona County Building Department

Casper, Wyoming

Number RF - 001 Identification Card

This is to certify that

#### MC Roofing, LLC

Has met the license requirements to perform work in Natrona County as

#### -ROOFING CONTRACTOR-

This license expires: December 31, 2020

Unless cancelled or revoked. Must be carried on person. Good only when signed by the Building Official or authorized designee.

### Jason Gutievrez

Natrona County Development Department

## Application for Contractor License - Town of Mills

| License # 9105 Application for Contractor License - 10w   |
|---|
| Incomplete Applications will be returned. Complete all fields in RE   |
| 1, Steve Sprecher, the Owner of of  |
| located at 128 N. Center Casper, Wyo 8260)  BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP   |
| □ New   |
| do hereby apply to the Town Council of the Town of Mills for a Contractor License to operate my business within the Town of Mills   |
| period of ONE year, beginning the/4   |
| Business mailing address: 128 N. Center  City Casper State also Zip 82601   |
| City Casper State (elgo Zip 8260)   |
| Business phone #: 307- 265-8135 Contractor ID #:  |
| Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo (circle one)  |
| Signed Signed Print Name STEPHEN IZ SPRECHENT  Fee is to be PAID before license is approved   |
| A contractor license is required for a contractor to operate business within the Town of Mills. Please call Town Hall at 234.6679 if you have any questions.                      |
| Fire Inspection Fire Inspection Completed Date  Proof of Liability Insurance: Insurance Expiration Date 7-10-2021  Contractor License Contractor License Expiration Date 7-110-22 |

(The Town must have a copy of your Certificate of Liability from your insurance company)

OFFICE USE ONLY

PAID

JUN 17 2020

**TOWN OF MILLS** 

1, EHRISTING TRANSULL, 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 14 day

Town Clerk



#### STATE OF WYOMING DEPARTMENT OF FIRE PREVENTION AND ELECTRICAL SAFETY



# Sprecher Electric ELECTRICAL CONTRACTOR

LICENSE NUMBER C-442



EXPIRATION DATE 07/01/2021



STATE OF WYOMING DEPARTMENT OF FIRE PREVENTION AND ELECTRICAL SAFETY



Steve Robert Sprecher MASTER ELECTRICIAN

LICENSE NUMBER M-659



EXPIRATION DATE 7/1/2022



### City of Casper, Wyoming

#### SPRECHER ELECTRIC

has met the requirements set forth by the City of Casper and is competent to perform work as a

**Electrical Contractor** 

CL-19-1574

This License Expires: 12/31/2020



### City of Casper, Wyoming

#### STEPHEN SPRECHER

SCANNED SOLVED

has met the requirements set forth by the City of Casper and is competent to perform work as a

**Electrical Master** 

CL-19-1495

This License Expires: 12/31/2020



## Natrona County Building Department

Casper. Wyoming

Number EC - 034

Identification Card

This is to certify that

## SPRECHER ELECTRIC

Has met the license requirements to perform work in Natrona County as

### -ELECTRICAL CONTRACTOR-

This license expires: December 31, 2020

Unless cancelled or revoked Must be carried on person. Good only when signed by the Building Official or authorized designee.

### Jason Gutierrez

Natrona County Development Department

# Natrona County Building Department

Casper. Wyoming

Number EM - 022

Identification Card

This is to certify that

# STEVE ROBERT SPRECHER

Has met the license requirements to perform work in Natrona County as -ELECTRICAL MASTER-

This license expires: December 31, 2020

Unless cancelled or revoked. Must be carried on person. Good only when signed by the Building Official or authorized designee.

## Jason Gutierrez

Natrona County Development Department