

# Town of Mills Application for **Contractors** Business License

License # 9454

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

DATE 3/4/21



I, William Osborn, the Owner of Osborn Roofing / Construction  
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 3739 Schulte Ave Casper, WY 82604  
BUSINESS PHYSICAL STREET ADDRESS CITY STATE ZIP

- New \$35.00
- Renewal \$35.00
- Expired (fee is doubled) \$70.00

**RECEIVED**  
MAR 04 2021

**PAID**  
MAR 05 2021

do hereby apply to the Town Council of the Town of Mills for a Contractors Business License to operate my business within the Town of Mills for a period of ONE year,

beginning the \_\_\_\_\_ day of \_\_\_\_\_, 2021.

business mailing address: 3739 Schulte Ave  
City Casper State WY Zip 82604

business phone #: 307-267-2343 Contractor ID #: \_\_\_\_\_

Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo

circle one)

Signed William Osborn Print Name William Osborn

**Fee is to be PAID before license is approved**

A Contractors Business License is required for a contractor to operate within the Town of Mills. Please call Town Hall at 234.6679 if you have any questions.

**OFFICE USE ONLY**

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_, 2021.

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

Fire Inspection Fire Inspection Completed Date N/A

Proof of Liability Insurance: Insurance Expiration Date 5/12/21

Contractor License Contractor License Expiration Date 12/31/21

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



TOWN OF MILLS  
PO BOX 789  
704 FOURTH STREET  
MILLS WY 82644 307-234-6679

Receipt No: 1.026766 Mar 5, 2021

9454  
Osborn Roofing - CLOSED

Previous Balance:	.00
Business License - Renewals	
Business License Payment	35.00
10-32-150	
Business License Income	

Total:	35.00
New Balance:	35.00-

Cash - Jonah Operating	35.00
Payor:	
Osborn Roofing - CLOSED	
Total Applied:	35.00

Change Tendered:	.00
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03/04/2021 1:38 PM





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/13/2020

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).

<b>PRODUCER</b> Orr & Associates Insurance Services 28780 Single Oak Dr Ste 255 Temecula CA 92590	<b>CONTACT NAME:</b> Certificates
	<b>PHONE (A/C, No, Ext):</b> 951-506-5859 <b>FAX (A/C, No):</b> 800-474-3003
<b>E-MAIL ADDRESS:</b> certs@orrassociates.com	<b>INSURER(S) AFFORDING COVERAGE</b>
License#: 0E63493      OSBOCON-01	<b>INSURER A:</b> AIX Specialty Insurance Co <b>NAIC #</b> 12833
<b>INSURED</b> Osborn Construction 3739 Schulte Ave Casper WY 82604	<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 1907280408      **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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SIZGL5103B234798	5/12/2020	5/12/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Ind Cont Sub \$ 50,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE    OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
 Certificate is subject to policy limits, conditions and exclusions.  
 Evidence of Coverage

**RECEIVED**  
**MAR 04 2021**

<b>CERTIFICATE HOLDER</b>  TOWN OF MILLS MILLS, WYOMING 82604 Evidence of Coverage	<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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# City of Casper, Wyoming

## OSBORN ROOFING

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

**Roofing**

**CL-20-435**

**This License Expires: 12/31/2021**

RECEIVED  
MAR 04 2021

## Natrona County Building Department

Casper, Wyoming

Number **RF - 023**

Identification Card

This is to certify that

## OSBORN CONSTRUCTION

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

**—ROOFING CONTRACTOR—**

This license expires: **December 31, 2021**

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

*Justin Smith*

Natrona County Development Department



# Town of Mills Application for **Contractors** Business License

License # \_\_\_\_\_

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

DATE 2/18/2021



I, JOHN LANG, the OPERATIONS MANAGER of RAMSHORN Construction  
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 2020 FAIRGROUNDS Rd, STE 201 CASPER, WY 82604  
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New \$35.00
- Renewal \$35.00
- Expired (fee is doubled) \$70.00

do hereby apply to the Town Council of the Town of Mills for a Contractors Business License to operate my business within the Town of Mills for a period of ONE year,

beginning the 18 day of FEBRUARY, 2021.

Business mailing address: P.O. Box 2422  
City CASPER State WY Zip 82602

Business phone #: 307-234-6879 Contractor ID #: 0041 Wyoming

Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo  
circle one)

Signed [Signature] Print Name JOHN LANG

**Fee is to be PAID before license is approved**

A Contractors Business License is required for a contractor to operate within the Town of Mills. Please call Town Hall at 234.6679 if you have any questions.

Fire Inspection	Fire Inspection Completed Date	<u>N/A</u>
Proof of Liability Insurance:	Insurance Expiration Date	<u>4/23/21</u>
Contractor License	Contractor License Expiration Date	<u>12/31/21</u>

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

**PAID**  
FEB 18 2021  
TOWN OF MILLS

**OFFICE USE ONLY**

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_, 2021.

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

TOWN OF MILLS  
PO BOX 789  
704 FOURTH STREET  
MILLS WY 82644

307-234-6679

Receipt No: 1.026445

Feb 18, 2021

Ramshorn Construction

Previous Balance:	.00
Business License - New License Payment 10-32-150 Business License Income	35.00
Total:	<u>35.00</u>
Check - Jonah Operating Check No: 28984 Payor: Ramshorn Construction	35.00
Total Applied:	<u>35.00</u>
Change Tendered:	<u>.00</u>

Duplicate Copy  
02/18/2021 12:42 PM



**City of Casper, Wyoming**

**RAMSHORN CONSTRUCTION**

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

**Utility Contractor**

**CL-20-776**

This License Expires: 12/31/2021



**City of Casper, Wyoming**

**RAMSHORN CONSTRUCTION**

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

**Demolition Contractor**

**CL-20-788**

This License Expires: 12/31/2021

