Council Meeting June 25, 2024

| | NEW BUSINESS LICENSES | | | | | | |
|----------|--|-----------------|-----------|--|--|--|--|
| | BUSINESS NAME | FIRE INSPECTION | INSURANCE | | | | |
| 1 | Turbo & Diesel Service, Inc. | 6/11/2024 | N/A | | | | |
| 2 | Speed Monkey Fabrication and Design | 6/3/2024 | N/A | | | | |
| 3 | Motion & Flow Control Products, Inc | 6/16/2024 | N/A | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | RENEWAL BUSINESS | LICENSES | | | | | |
| | BUSINESS NAME | FIRE INSPECTION | INSURANCE | | | | |
| 1 | Arc Iron Garage | 6/19/2024 | NO | | | | |
| 2 | Asphalt Doctors, LLC | 4/12/2024 | NO | | | | |
| 3 | Communication Technologies, Inc | 6/17/2024 | NO | | | | |
| 4 | Mills Quick Lube LLC, DBA Hansen Quick Lube | 6/13/2024 | NO | | | | |
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APPLICATION FOR Business License

Attest

| License #: <u>9894</u> | completed. Incomplete | applications snall be retur | nea. | Date: | <u>5/30/23</u> | 4 |
|---|---|-----------------------------|------------|--|--|------------------------|
| ☑ New Business | ☐ Change of Ownership | ☐ Change of Location | ☐ Renewal | ☐ Expired | | |
| GENERAL INFORMATION | | | | | | |
| Name of Business: Tur | bo + Diesel Ser | rvice, Inc | | | | |
| | 5 Zero Rd | Cas | per | WY | 8260 Zip | 4 |
| Mailing Address: | SAME | CIL | y | State | | |
| | Street | Cit | _ | State | Zip | |
| Business Phone Number: | 307-472-6760 | WY Tax ID Number: | 03-033 | 5856 | | |
| Email Address: <u>MQCSR</u> | sogol.com | Website: | | | | |
| Description of Business: | Diesel repaires | sho s | | | and the second s | aganthetina ett. Price |
| | , | ı | | | | |
| | | | | | | |
| | | | | | | |
| APPLICANT INFORMATION | | 1. | | | | |
| Applicant Name: ML | chael A. Cutr | ight | Phone N | lumber: <u>307</u> | <u>-472-6</u> | 760 |
| Mailing Address: <u>loC15</u> | chael A. Cutr Zero Rd Casp Street | <u>er Wy 8260</u> | 34 CE | Sper W | 4826 | 04 |
| | ve information is correct and | | | Glate | Zip | |
| • | ve information is correct and | true to the best of my | knowleage. | | | |
| Applicants Signature: | - Man C. | e live | | | | |
| There will be a fire insp | ection fee to be paid at the t | ime the License is issu | ied. | | • • | |
| | r a Self-Assessment Fire Inspec | | | PAI | D | |
| Businesses between 1-5,00 Businesses between 5,001 | • | \$75.0° \$125. | | JUN 0 5, 20 | 171. | |
| Businesses greater than 1 | | \$250. | | 3011 0 24 21 |),,4 | |
| | n, Sprinkler System or Hood Su | | | : | | |
| Return completed form to |): | | | | | |
| Mills City Hall | | | | OFFICE USE | ONLY | |
| 720 4 th Street 307-234-6679 | | | | his license was / w | | |
| 301-234-0018 | · | | | ranted at a meeting ty Council on the _ | U THE IVIIIS | |



APPLICATION FOR Business License

| License #: 4890 | pncutions shan be returned. | Da | te:5/24/2024 |
|--|---------------------------------|------------------------------|--|
| ■ New Business ☐ Change of Ownership ☐ | Change of Location | enewal 🛭 E | xpired |
| GENERAL INFORMATION | | | |
| Name of Business: Speed Monkey Fabrication a | nd Design | | |
| Physical Address: 925 N. Robertson Rd. | Casper | Wy | 82604 |
| Street | City | State | Zip |
| Mailing Address: 3520 Partridge Ln. | Casper | Wy | 82604 |
| Street · | City | State | Zip |
| Business Phone Number: 307-797-3649 | Y Tax ID Number: 933060 | 478 | |
| Email Address: LRowland609@gmail.com W | ebsite: | | |
| Description of Business: Automotive and industrial | manufacturing, fabri | cation, and | l repair |
| | | | |
| | | | |
| APPLICANT INFORMATION Applicant Name: Larry Rowland | Р | hone Number: | 307-797-3649 |
| Mailing Address: 3520 Partridge Ln. | Casper | Wy | 82604 |
| Street | City | State | Zip |
| I certify that the above information is correct and t | rue to the best of my know | ledge. | |
| Applicants Signature:Larry Rowland Jr. | | | _ |
| There will be a fire inspection fee to be paid at the tin | ne the License is issued. | | |
| Businesses that qualify for a Self-Assessment Fire Inspection Businesses between 1-5,000 Sq. Feet Businesses between 5,001-10,000 Sq. Feet Businesses greater than 10,000 Sq. Feet Businesses with Fire Alarm, Sprinkler System or Hood Supp | \$75.00 \$125.00 \$250.00 | ., . | 17 2024 |
| Return completed form to: Mills City Hall 720 4 th Street 307-234-6679 | | This license Granted at a | E USE ONLY was / was not meeting of the Mills on the |



APPLICATION FOR Business License

Attest

| 0 1 | completed. Incomple | te applications si | hall be returned. | | |
|---|------------------------------|--------------------|---|-----------------|-------------------------|
| License #: 9885 | | | | Date | _{e:} 5/15/2024 |
| New Business | ☐ Change of Ownership | ☐ Change of | f Location | newal 🛮 Ex | pired |
| GENERAL INFORMATION | | | | | |
| Name of Business: Motion | & Flow Control Products, | Inc | · | | ~ |
| Physical Address: 460 Sal | t Creek Highway | · . | Casper | WY | 82604 |
| | Street | | City | State | Zip |
| Mailing Address: 10822 W | Toller DR, Suite 300, PO | Box 270088 | Littleton | CO | 80127 |
| | Street | | City | State | Zip |
| Business Phone Number: 3 | 03.762.8012 | WY Tax ID N | umber: | | |
| Email Address: AP@mfcp | inc.com | Website: MF | CP.com | | |
| | | | | | |
| APPLICANT INFORMATION Applicant Name: Jarod Sc | | | | 30 | 72 490 6260 |
| | | | | one Number: 30 | - |
| Mailing Address: 10822 VV | Toller DR, Suite 300, PO | Box 270088 | Littleton City | CO | 80127 |
| | | | • | State | Zip |
| I certify that the above | ve information is correct a | nd true to the b | est of my knowle | dge. | |
| Applicants Signature: | en I de | | | | |
| There will be a fire insp | ection fee to be paid at the | time the Licen | se is issued. | | |
| Businesses between 1-5,00 Businesses between 5,001 Businesses greater than 10 | -10,000 Sq. Feet | | \$45.00 \$75.00 \$125.00 \$250.00 + \$50.00 | D A | 20 |
| Return completed form to Mills City Hall 720 4th Street 307-234-6679 | : | | | This license wa | eeting of the Mills |



APPLICATION FOR Business License

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| A Business License is required for ANY business to operate within the City of Mills, a Business | License Application must be |
|---|-----------------------------------|
| completed. Incomplete applications shall be returned. | 1.11.10.1 |
| License #: 4054 | Date: 0/1/24 |
| | <u> </u> |
| ☐ New Business ☐ Change of Ownership ☐ Change of Location ☐ Ren | |
| ☐ New Business ☐ Change of Ownership ☐ Change of Location ☐ Ren | ewal 🏻 Expired |
| OCNEDAL INCORNATION | |
| GENERAL INFORMATION | |
| Name of Business: Urc Mn Garage | |
| 1011 10 2 1 12/0 Mile 1/11/ 80 | 21.01 |
| Physical Address: US 1 374 Five 11115 COY 8 2 | 2007 |
| Street City | State Zip |
| Mailing Address: 04 1 3 70 TVC 111/15 Wy 8 | Will |
| Street | State Zip |
| ZM 227 1147 C2-1 | Ca28C1 |
| Business Phone Number: 30133/119 WY Tax ID Number: 85 | 5 1000 |
| Email Address: Servi CE Carciron garage Website: www. arciron g. | WALAR (NW) |
| Email Address. On Vico Gott en or garde je vvepsile. Down of en or de | ar age : co |
| Description of Business: Auto repair shop | |
| Description of Business: TWTO POPAIT SNOP | |
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| · · · · · · · · · · · · · · · · · · · | |
| APPLICANT INFORMATION | |
| APPLICANT INFORMATION | IIN ETO 3 |
| Applicant Name: WWW Pho | one Number: 4005/936 |
| 15111 0011 0 | 10(1) |
| Mailing Address: 1979 SOAK JT CASPUT | 100 82601 |
| Street | Stafe Zip |
| Logetify that the above information is because and twill to the best of my knowledge | J., |
| I certify that the above information is correct and true to the best of my knowled | ige. |
| Applicants Signature: | |
| 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| There will be a fire inspection fee to be paid at the time the License is issued. | |
| Businesses that qualify for a Self-Assessment Fire Inspection \$45.00 | |
| Businesses between 1-5,000 Sq. Feet \$75.00 | |
| Businesses between 5,001-10,000 Sq. Feet \$125.00 | |
| Businesses greater than 10,000 Sq. Feet \$250.00 | |
| Businesses with Fire Alarm, Sprinkler System or Hood Suppression + \$50.00 | |
| = action could with the Alatin, opinities oyatem of Hood dupplession # \$50.00 | |
| Return completed form to: | |
| Mills City Hall | OFFICE USE ONLY |
| 720 4 th Street | This license was / was not |
| 307-234-6679 | Granted at a meeting of the Mills |
| | City Council on the |

CITYOF MILLS EST. 1921

307-234-6679

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MAY 3 1 2024

APPLICATION FOR Business License

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

City Council on the _____

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| completea. Incomplete applications s | nan be returned. | | | |
|--|---------------------------------|---------------------------|--------------|------------------|
| License #: $\frac{988}$ | | Date:_ | | _ |
| ☐ New Business ☐ Change of Ownership ☐ Change of | of Location: Renew | ral 🗀 Expire | ed | |
| New Business Change of Ownership L. Change of | or Location III Renew | ai Li Expiii | | |
| GENERAL INFORMATION | J N. 11 | <u> </u> | | |
| Name of Business: ASPHaLT DOF Physical Address: 4206 5 W 4511cw 370 Street | 70KS LL | | | |
| Name of Business. | کارد مرد ۱ | 1, 2, | 0801 | - 121 |
| Physical Address: 420012 W 9616W 110 | SUN MITE | N 9_ | 0264 | 14 |
| Street | City | State | Zip | 112 |
| Mailing Address: PO BOX 2997 | 14:115 | WY | 826 | y 5 |
| Mailing Address: PO BOX 2947 Street | City | State | Zip | |
| Business Phone Number: 507 472 300 4 WY Tax ID PETER A SPHALT DOCTORS ILL Website: | Number: | . 0 | _ | _ |
| Dusiness Filling Number. | D & Marll , | CON | | |
| Email Address: ASVHQLTUOCTOR> LC Website: | | | | _ |
| Description of Business: ASPHALT Mail | イルたく | | | |
| Description of Business: Pt> PT ALP TTO THE TOTAL TOTA | 7 70 20 | <u> </u> | | |
| | | | | • • |
| | | , | <u> </u> | _ |
| | | | | |
| APPLICANT INFORMATION BILL BRUNS 9 | Rd/ | | | |
| APPLICANT INFORMATION 15/1/19/2010 3 | • | | | |
| | Phon | o Number: 50 | >> 25g | 84)(|
| | | e Number | C-1 / 1 | ー / / / / / / |
| Mailing Address: POBOX 2947 | Phon / <u>/</u> ///5 City | \underline{u}_{φ} | 8264 | 12/ |
| Street | City | State | Zip | • |
| I certify that the above information is correct and true to the | ę best of my knowledg | je. | | |
| 1. in O. 1 & | | | | |
| Applicants Signature: | | | | |
| There will be a fire inspection fee to be paid at the time the Lic | ense is issued. | | | |
| Businesses that qualify for a Self-Assessment Fire Inspection | \$45.00 | | | |
| Businesses between 1-5,000 Sq. Feet | \$75.00 | | | |
| Businesses between 5,001-10,000 Sq. Feet | \$125.00 | | | |
| Businesses greater than 10,000 Sq. Feet | \$250.00 | | | |
| Businesses with Fire Alarm, Sprinkler System or Hood Suppression | + \$50.00 | | | |
| Return completed form to: | | | | |
| Mills City Hall | | OFFICE U | SE ONLY | |
| 720 4th Street | | This license wa | ıs / was not | |



RECEIVED

JUN 03 2224

APPLICATION FOR Business License

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

| Λη Ω | picted. meompiet | e applications shall be return | ica. | _ | |
|--|-------------------|--------------------------------|-------------|--------|--------------|
| License #: 879 | | | | Dat | te: |
| П Naw Business П Char | na af Oumanahin | Change of Leastion | ☑ Denowel | | vnirod |
| ☐ New Business ☐ Chang | ge of Ownership | ☐ Change of Location | ME Reflewal | | kpired . |
| GENERAL INFORMATION | | | | | |
| Name of Business: Communication | n Technolog | jies, Inc | | | · |
| Physical Address: 189 Progress (| Circle | Mills | W | Y | 82644 |
| Street | | City | <i>,</i> | State | Zip |
| Mailing Address: 1900 Elk St | | Rock Sprir | ngs W | Υ | 82901 |
| Street | | City | / | State | Zip |
| Business Phone Number: 307-382- | 5663 | WY Tax ID Number: 84- | -1368825 | | |
| Email Address: janie@comtechra | | Website: www.comte | | om | |
| | | | • | | |
| Description of Business: Two way communication sales and services. | | | | | |
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| | | | | | |
| APPLICANT INFORMATION | | | | | |
| Applicant Name: Leslie J Bohm, | | | _ Phone N | umber: | 307-382-5663 |
| Mailing Address: 1900 Elk St | | Rock Spri | ngs V | VΥ | 82901 |
| Street | | City | 1 | State | Zip |
| I certify that the above informa | tion is correct a | nd true to the best of my | knowledge. | | |
| Applicants Signature: | · | , | • . | | |
| Application Signature | | | | | |
| There will be a fire inspection fee | to be paid at the | time the License is issu | ıed. | | |
| Businesses that qualify for a Self-Ass | essment Fire Insp | ection \$45.00 | ð | | A 15 |
| Businesses between 1-5,000 Sq. Feet | | \$75.0 | | | AID |
| Businesses between 5,001-10,000 Sq. | | \$125.0 | | JUN | 0 3 2024 |
| Businesses greater than 10,000 Sq. Fo | | \$250. | | 30., | 0 3021 |
| Businesses with Fire Alarm, Sprinkler | System or Hood | Suppression + \$50.0 | U | | |
| Return completed form to: | | | | | |
| Mills City Hall | | | | OFFICE | USE ONLY |

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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MAY 20 2004

APPLICATION FOR Business License

| A | completea. Incomplet | e applications shall be returned. | | |
|--|---|---|-----------------|-------------------|
| License #: <u>9881</u> | | | Date | =5/22/24 |
| ☐ New Business | Change of Ownership | ☐ Change of Location ☐ | Renewal D Ex | oired |
| GENERAL INFORMATION | | · | | |
| Name of Business: Mills Qu | ick Lube LLC, DB | A Hansen Quick Lube | | |
| Physical Address: 306 SW | Wyoming BLVD | Mills | WY | 82644 |
| | Street | City | State | Zip |
| Mailing Address: PO Box 2 | 2105 | Mills | WY | 82644 |
| <u> </u> | Street | City | State | Zip |
| Business Phone Number: 30 | 7-224-4081 | WY Tax ID Number: 99-17 | 90781 | |
| Email Address: millsbs234 | 0@gmail.com | Website: hansenqwiklul | | • |
| Description of Business: Oil (| change and basin s | service shop | | |
| APPLICANT INFORMATION Applicant Name: Ben Mills | | | Phone Number: 3 | 07-259-2651 |
| Mailing Address: 2882 Hea | throw Ave | Casper | WY | 82609 |
| | Street | City | State | Zip |
| I certify that the above | informatjon is correct a | nd true to the best of my kno | wledge. | , |
| Applicants Signature: | | | · · | |
| | |) | | |
| The second is the second secon | | | | - |
| • | | time the License is issued. | P | AID |
| There will be a fire inspec Businesses that qualify for a Businesses between 1-5,000 | Self-Assessment Fire Inspe | | | |
| Businesses that qualify for a | Self-Assessment Fire Inspo Sq. Feet | ection \$45.00 | | △ 1 □ 2 2 2024 |
| Businesses that qualify for a Businesses between 1-5,000 Businesses between 5,001-10 Businesses greater than 10,0 | Self-Assessment Fire Inspo Sq. Feet 0,000 Sq. Feet 00 Sq. Feet | ection \$45.00 \$75.00 \$125.00 \$250.00 | | 2 2 2024 |
| Businesses that qualify for a Businesses between 1-5,000 Businesses between 5,001-10 | Self-Assessment Fire Inspo Sq. Feet 0,000 Sq. Feet 00 Sq. Feet | ection \$45.00 \$75.00 \$125.00 \$250.00 | MAY PAI | 2 2 2024 |
| Businesses that qualify for a Businesses between 1-5,000 Businesses between 5,001-10 Businesses greater than 10,0 | Self-Assessment Fire Inspo Sq. Feet 0,000 Sq. Feet 00 Sq. Feet | ection \$45.00 \$75.00 \$125.00 \$250.00 | MAY | 2 2 2024 |
| Businesses that qualify for a Businesses between 1-5,000 Businesses between 5,001-10 Businesses greater than 10,0 Businesses with Fire Alarm, \$ | Self-Assessment Fire Inspo Sq. Feet 0,000 Sq. Feet 00 Sq. Feet | ection \$45.00 \$75.00 \$125.00 \$250.00 | MAY | 2 2 2024 |

Council Meeting June 25, 2024

| | NEW CONTRACTOR L | ICENSES | | |
|----------|-------------------------------|------------|-----------|---------------|
| | BUSINESS NAME | FIRE | INSURANCE | CONTRACTOR ID |
| 1 | Caspar Building Systems, Inc. | N/A | NO | YES |
| 2 | Carefee Sprinklers | N/A | NO | NO |
| 3 | G.R.B. Construction | N/A | YES | YES |
| | RENEWAL CONTRACTO | R LICENSES | | |
| | BUSINESS NAME | FIRE | INSURANCE | CONTRACTOR ID |
| 1 | Crimson Fire Protection | N/A | NO | YES |
| 2 | ECI LLC | N/A | NO | YES |
| 3 | Millennium Construction | N/A | NO | YES |
| 4 | Sam's Plumbing, Inc. | N/A | NO | YES |
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JUN 11 2021

APPLICATION FOR Contractor License

City Council on the

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 #: 459 | | Date: 5,4,2024 |
|--|-----------------|--|
| ☐ New License ☐ Renewal License ☐ | Expired License | |
| GENERAL INFORMATION | | |
| Name of Business: COSPAR BUILDING JUSTEMS, INC | · | |
| | ple W | 82601 |
| Street Ci Mailing Address: Same | ity State | e Zip |
| Street Ci | ty State | e Zip |
| Business Phone Number: 307. 235. 5690 Cell Number: | | |
| Email Address: Kesce aspar bullingsystems. com Website: www. cox | parbuldingsi | stems.com |
| License Classifications: | <i>J</i> (| |
| | . • | |
| LICENSE ISSUED BY | | |
| City of Mills City of Casper Natrona County St A copy of all licenses must be attached to thi | _ | ☐ Other |
| APPLICANT INFORMATION | | _ |
| Applicant Name: TANIJA KESER OR CBST | Phone Numbe | <u> 1235 569 U</u> |
| Mailing Address: 1975 Old Salt Creek Rd Caspol | k My | 82607 |
| Street Cit | ty State | e Zip |
| I certify that the above information is correct and true to the best of my | v knowledae | |
| Applicants Signature: | , Kilowicuge. | |
| | | PAID |
| There will be a \$35.00 License fee to be paid at the time the license is issued | | |
| Return completed form to: | | JUN 17 2024 |
| Mills City Hall 720 4th Street | | CE USE ONLY |
| 307-234-6679 | This lice | nse was / was not at a meeting of the Mills |



RECEIVED JUN 11 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 #: 4894 New License Renewal License ☐ Expired License GENERAL INFORMATION Name of Business: Carefree (provides) Physical Address: 1634 Mraple 5+ Caspel City Mailing Address: P.O. Box 51136 Business Phone Number: 307 237 3 0 10 Cell Number: 307 26 7 8 6 7 Email Address: CCS wyoming Quahao. Um Website: Carefae sponkers wyo. Com License Classifications: LICENSE ISSUED BY □ Natrona County ☐ City of Mills ☐ City of Casper ☐ State of Wyoming ☐ Other A copy of all licenses must be attached to this application APPLICANT INFORMATION Phone Number: 307, 237, 377 Applicant Name: Went Money 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 IIIN 1 1 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 #: <u>9899</u> | , | • | | Date: 🗸 | UNE 13 2024 |
|--|----------------------|--|-------------------|---|---------------------|
|) | New License | ☐ Renewal License | ☐ Expired Lice | ense . | |
| GENERAL INFORMATION | | | | | |
| Name of Business: | <u>R. B.</u> | <u>Co.</u> | NS Truc | TION | |
| Physical Address: 40 Street | 8 West | Bsircet | Caspe (| State | 82601 Zip |
| Mailing Address: 408 | west B | Street | Cas per | State | <u>8260/</u> Zip |
| Business Phone Number: 307 | 262 119 | 7_ Cell Number: | 307 | 262 | 197 |
| Email Address: grbkburg | ss & G mail. | COM Website: | N.A. | | |
| License Classifications: | | | | | |
| LICENSE ISSUED BY | | ☑ Natrona County censes must be attache | | | her |
| APPLICANT INFORMATION | | | | | |
| Applicant Name: Grea | RB. | 119 = 55 | Phon | e Number: <u>30</u> | 7 262 1197 |
| Mailing Address: 408 | | | | | |
| I certify that the above in | grmation is corre | ect and true to the bes | st of my knowledg | je. | |
| Applicants Signature: | | By | | | |
| / There will be a \$35.00 License fo | ee to be paid at the | time the license is issu | ıed Î | PAID | |
| Return completed form to: | | | | JUN 1 3 2024 | |
| Mills City Hall | TEC | EIVED | | OFFICE USI | E ONLY > |
| 720 4 th Street 307-234-6679 | | 13 2024 | | This license was / Granted at a meeti City Council on the | ing of the Mills |
| | | | | Attest | |



APPLICATION FOR Contractor License

| A Contractor License is required for ANY Contractor | r doing work within the City on ncomplete applications shall | of Mills, a Cont he returned. | tractor's License A _l | oplication must be |
|---|---|--|----------------------------------|--------------------------------|
| License #: 9834 | nomprete approacions situati | Date: | | |
| ☐ New Licens | e 🗹 Renewal License | ☐ Expire | d License | : |
| | | • | | |
| GENERAL INFORMATION | | | | |
| Name of Business: Crimition Five P | DRCHON | | | |
| Physical Address: WW E. B. 15 | | WPLY | - WV State | 82(00) Zip |
| Mailing Address: U570 S. Springs I | 2d (2 | usper | WU State | 82604 Zip |
| Business Phone Number: (30) 215-3352 | | 720)361 | 0-1621 | |
| Email Address: <u>burnell perimson five</u> | | | | 1 |
| License Classifications: | | | | |
| <u> </u> | | _ | | |
| LICENSE ISSUED BY | | | | |
| | ☐ Natrona County all licenses must be attache | ☐ State of ed to this app | | ☐ Other |
| APPLICANT INFORMATION | 0 | • | | |
| Applicant Name: Stephen "Jave" | Burnell | | Phone Number: | 720)21061621 |
| Mailing Address: U570 S. Springs Ro | | Cauper | WU | 82604 Zip |
| Street J | •• | City | State | Ζip |
| I certify that the above information is o | correct and true to the bes | st of my kno | wledge. | |
| Applicants Signature: | Double | | | |
| There will be a \$35.00 License fee to be paid a | nt the time the license is issu | ıed | | PAID |
| | | | | JUN 13 2024 |
| Return completed form to: | | | | |
| Mills City Hall 720 4 th Street | | | This license | USE ONLY was / was not |
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APPLICATION FOR Contractor License

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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 #: Renewal License ☐ New License ☐ Expired License **GENERAL INFORMATION** Name of Business: Physical Address: Mailing Address: Business Phone Number: 507-258-80 Cell Number:_S\lambda M 0 <u> COMWebsite: COWW COM</u> License Classifications: 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** Phone Number: 301 Applicant Name: Mailing Address: Street 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 1 3 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



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| completed. Incomplete applic | ations shall be returned. | | |
|--|--|--|-----------------------------------|
| License #: 903 | | Date: | 9/07/2 |
| New License Renew | al License Expired L | icense : | |
| GENERAL INFORMATION | | | |
| Name of Business: Millennium co | onstruction | | |
| Physical Address: 111 N Forest #12 | 2 COSPEY City | State | 82609 Zip |
| Mailing Address: Street | City | State | Zip |
| Business Phone Number: 307 25/0025 Cell N | lumber: | | |
| Email Address: 5 rm c a lons o long mail. con Webs | ite: | | |
| License Classifications: | | | |
| | TCL-20-55 | 7 | |
| LICENSE ISSUED BY | | | |
| ☐ City of Mills ☐ City of Casper ☐ Natrona © A copy of all licenses must | | | Other |
| APPLICANT INFORMATION | | | |
| Applicant Name: Alonso chavez | | | |
| Mailing Address: /// n forest #12 Street | <u>(</u> | W V State | <u>82609</u> Zip |
| I certify that the above information is correct and true Applicants Signature: | to the best of my knowle | _ | |
| There will be a \$35.00 License fee to be paid at the time the lice | ense is issued | | |
| Return completed form to: Mills City Hall 720 4th Street 307-234-6679 | | OFFICE U This license wa Granted at a me City Council on t | s / was not eting of the Mills |



APPLICATION FOR Contractor License

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completed. Incomplete applications shall be returned. License #: 4532 Date: 10 - 12 - 24 New License X Renewal License □ Expired License **GENERAL INFORMATION** Cell Number: 307 Business Phone Number: Email Address: Sams plumbing @ Yaha Comwebsite: License Classifications: LICENSE ISSUED BY City of Mills Other A copy of all licenses must be attached to this application APPLICANT INFORMATION Applicant Name: 2 Mailing Address: 1020 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 13 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 JUN 12 2024 City Council on the

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be