#### Council Meeting July 23, 2024

#### **NEW CONTRACTOR LICENSES**

	<b>BUSINESS NAME</b>	CONTRACTOR ID	INSURANCE	FIRE
1	AAA Stuc.co, LLC	Yes	NA I	NA
2	Casper Electric Inc.	Yes	NA I	NA
3	Client's Design Inc.	Yes	NA I	NA
4	Del Toro Construction	Yes	NA I	NA
5	JR Construction	No	NA I	NA
6	Kustser Earthworks, LLC	Yes	NA I	NA
7	Overhead Door Co of Casper	Yes	NA I	NA
8	Parson Drywall Inc.	Yes	NA I	NA
9				

#### RENEWAL CONTRACTOR LICENSES

	BUSINESS NAME	CONTRACTOR ID	INSURANCE	FIRE
1	307 Contracting	Yes	NA	NA
2	MC Roofing	Yes	NA	NA
3	Plumbing Solutions of Wyoming	Yes	NA	NA
4	Precision Roofing Pros	Yes	NA	NA
5	R.A.D. Roofing, Inc.	Yes	NA	NA
6	Superior Air Solutions	Yes	NA	NA
7	Superior Construction, LLC	Yes	NA	NA



102 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 #: 9915 Expired License New License Renewal License **GENERAL INFORMATION** Name of Business: Physical Address: Mailing Address: ZiĐ City State Business Phone Number: 307 763 6530 Cell Number: \_\_\_\_\_\_\_\_ Email Address: +anya@acaStuc.CO Website: (1) WWW. O License Classifications: LICENSE ISSUED BY Other Natrona County State of Wyoming City of Mills City of Casper A copy of all licenses must be attached to this application APPLICANT INFORMATION Applicant Name: Mailing Address: C I certify that the above information is correct and true to the best of my knowledge.

Return completed form to: Mills City Hall 720 4th Street

There will be a \$35.00 License fee to be paid at the time the license is issued

307-234-6679

Applicants Signature:

OFFICE USE ONLY

PAID

JUL 1 7 2024

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

Attest \_\_\_\_\_

#### ECENED

301 11 2024



### **APPLICATION FOR Contractor License**

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contrac	tor's License Application must be
completed. Incomplete applications shall be returned.	7/
License #: TY V V V	Date: 7/11/24
	, ,
New License 🔲 Renewal License 🔲 Expired License	cense
<b>,</b> \	
GENERAL INFORMATION	
Name of Business: LASPER Electric Inc.	
Physical Address: 3150 E. YELLOWSTONE Huy. (City)	2222 (11/ 81/1)
Street City	State Ti
31.50 6 1/	State Zip
Mailing Address: YELLOWSTONE duy.	Casper WY 82609
Street  Street  City  Mailing Address:  Street  Street  City  City  City  Rusiness Phone Number 30 7- 737-3003	State Zip
Business Phone Number: 307-237-3003 Cell Number: BEN 307-	259 - 3535
Email Address: Shawna @ caspenelectric, bizWebsite:	207 2000
Liman Address. Oncome to Edopenter educe, DizWebsite:	
License Classifications: Electrical Cartractor	
License classifications: Creen the Cartactor	
LICENSE ISSUED BY	
☐ City of Mills ☐ City of Casper ☐ Natrona County ☐ State of Ways	•
	ming   Other
A copy of all licenses must be attached to this application	on
APPLICANT INFORMATION	
Applicant Name: Shawna CARNER Phon Mailing Address: 3/50 E. YELLOWSTONE Duy. Ca	_
Phon	e Number: <u>307-237-3</u> 003
Mailing Address: 9/50 E. YELLOWSTONE, WILL CO	104 414 821 18
Street	State 27 02607
, , , , , , , , , , , , , , , , , , ,	State Zip
I certify that the above information is correct and true to the best of my knowledge	
Application of the best of my knowledge	je.
Applicants Signature facus acm	
There will be a formation	PAID
There will be a \$35.00 License fee to be paid at the time the license is issued	
	JUL 1 1 2024
Return completed form to:	*
Mills City Hall	O Participant Control
720 4 <sup>th</sup> Street 307-234-6679	OFFICE USE ONLY
1	This license was / was not Granted at a meeting of the Mills
	City Council on the
	Attest



#### John William

### APPLICATION FOR Contractor License

completed. Incomplete a	oplications shall be	returned.		07/00/2024
License #: 9011			Date	07/08/2024
☑ New License ☐ Re	newal License	☐ Expired Lic	ense	
GENERAL INFORMATION				
Name of Business: Clients Design				
Physical Address: 1953 West 2425 South	Woods	Cross	Utah	84087
Street Street		City	State	Zip
Mailing Address:Street		City	State	Zip
004 000 4609	Cell Number:	-		
Email Address: shawn@clientsdesign.com	Website:			
License Classifications: Contractor with LRF (316	3745-5501)			
LICENSE ISSUED BY				
☐ City of Mills ☐ City of Casper ☐ Nati A copy of all licenses			,	1 Other
APPLICANT INFORMATION				
Applicant Name: Richard Shawn Brock		Ph	one Number: <u></u>	301-540-8838
Mailing Address: 1953 West 2425 South	Wood	s Cross	Utah 84	087
Street		City	State	Zip
I certify that the above information is correct and	d true to the best	t of my knowle	edge.	
Applicants Signature:	· · · · · · · · · · · · · · · · · · ·			- A I -
There will be a \$35.00 License fee to be paid at the time t	he license is issue	ed	•	UL 15 2024
Return completed form to:				
Mills City Hall 720 4th Street				E USE ONLY was / was not
307-234-6679			Granted at a	meeting of the Mills on the
			Attest	·



### RECEIVEL

JUL 69 2009

### **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.

	completed. Inc	omplete applications	shall be returne	contractor's Licens ed.	e Application must be
License #: <u>9913</u>					Date: 7/9/24
	∏ New License	Renewal Lice	nse ┌ Exp	pired License	
GENERAL INFORMATION					
Name of Business: DC/	Toro C	DNS-Fraci	Lion		
Physical Address: 1208	Carringe treet	Ln	Papa	- Wsb	82689
Mailing Address: 1208 /	AVVIGGE L	i M	City	State	Zip
	reet 9	£ 6	City	State	Zip
Business Phone Number: 30	1-466-6	662 Cell Number:	<u> 307-21</u>	5-40/2	
Email Address:	onstruction	16 Man Website	) G 1990.00 h	Wil Com	
License Classifications: <u>CX a</u>	, (	ompany - Concree	7.		
LICENSE ISSUED BY  ☐ City of Mills ☐ C	ity of Casper  A copy of all li	Natrona County	√ State	of Wyoming	Other
APPLICANT INFORMATION		oonooo maar be arrac	леи ю инз ар	piication	
Applicant Name: Abe/	ONLIZ	;		Phone Number:	387-215-4 <i>87</i>
Mailing Address: 2525 Stre	<i>South tole</i>	1/AVe	Cas Ber City	State	82604
					Zip ·
I certify that the above inf	ormation is corre	ect and true to the b	est of my kn	owledge.	
Applicants Signature:	14.	<u> </u>			PAID
There will be a \$35.00 License for	ee to be paid at the	time the license is is	sued	·	JUL 0 9 2024
Return completed form to: Mills City Hall					

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

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

City Council on the \_\_\_\_\_

Attest \_\_\_\_\_

JUL 19 2029



### APPLICATION FOR Contractor License

City Council on the \_\_\_\_\_

Attest \_

License #: OPILO			Date:_	7/18/2024
☑ New License	Renewal License	☐ Expired Lic	ense	
GENERAL INFORMATION		-		
Name of Business: JR Construction				
Physical Address: 4492 Antelope dr Street		City	State	Zip
Mailing Address: Bar Nunn WY 82601 Street		City	State	Zip
Business Phone Number: 307-258-2447	Cell Number:_+1	3072582447		
Email Address: Jrconstrution46@gilmail.con				
License Classifications: Concrete				
	☐ Natrona County  licenses must be attache			Other
APPLICANT INFORMATION			·	
Applicant Name: Jose Romero		Pho	one Number: <u>30</u>	7-258-2447
Mailing Address: 4492 Antelope Dr Bar Nuni	n, WY 82601			
Street		City	State	Zip
I certify that the above information is co	rrect and true to the be	st of my knowle	dge.	
Applicants Signature: José Romero				<del>.</del>
There will be a \$35.00 License fee to be paid at	the time the license is issi	ued	PA	AID
			JUL	1 7 2024
Return completed form to:			OFFICE	USE ONLY
Mills City Hall			UFFICE	





### APPLICATION FOR Contractor License

License #: 4418	<sub>Date:</sub> 07/07/24
Months New License ☐ Renewal License ☐ Exp	pired License
GENERAL INFORMATION	
Name of Business: Kuster Earthworks LLC	
Physical Address: 5825 E Ormsby Rd, Casper WY 82601	
Street City	State Zip
Mailing Address: PO Box 52023 Casper WY 82605	
Street City	State Zip
Business Phone Number: 307-267-3113 Cell Number: 307-267-	3113
Email Address: Office.kuster@gmail.com Website: kusterearth	works.com
License Classifications: Excavation and site work	
LICENSE ISSUED BY	
☐ City of Mills	e of Wyoming
	, ,
A copy of all licenses must be attached to this a	, ,
A copy of all licenses must be attached to this a APPLICANT INFORMATION	pplication
A copy of all licenses must be attached to this a  APPLICANT INFORMATION  Applicant Name: Sam Kuster	pplication
A copy of all licenses must be attached to this a  APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605	Phone Number: 307-267-3113  State Zip
A copy of all licenses must be attached to this a APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605  Street City	Phone Number: 307-267-3113  State Zip
A copy of all licenses must be attached to this at APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605  Street City  I certify that the above information is correct and true to the best of my leading the correct and true to the corre	Phone Number: 307-267-3113  State Zip
A copy of all licenses must be attached to this at APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605  Street City  I certify that the above information is correct and true to the best of my leading to the correct and true to	Phone Number: 307-267-3113  State Zip
A copy of all licenses must be attached to this at APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605  Street City  I certify that the above information is correct and true to the best of my leading Applicants Signature:  There will be a \$35.00 License fee to be paid at the time the license is issued  Return completed form to:	Phone Number: 307-267-3113  State Zip
A copy of all licenses must be attached to this at APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605  Street City  I certify that the above information is correct and true to the best of my leading Applicants Signature:  There will be a \$35.00 License fee to be paid at the time the license is issued  Return completed form to:  Mills City Hall	Phone Number: 307-267-3113  State Zip
A copy of all licenses must be attached to this at APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605  Street City  I certify that the above information is correct and true to the best of my leading Applicants Signature:  There will be a \$35.00 License fee to be paid at the time the license is issued  Return completed form to:	Phone Number: 307-267-3113  State Zip  Inowledge.  JUL 0 8 2024  OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills
A copy of all licenses must be attached to this at APPLICANT INFORMATION  Applicant Name: Sam Kuster  Mailing Address: PO Box 52023 Casper Wy 82605  Street City  I certify that the above information is correct and true to the best of my leading to the complete street of the paid at the time the license is issued  Return completed form to:  Mills City Hall 720 4th Street	Phone Number: 307-267-3113  State Zip  Inowledge.  JUL 0 8 2024  OFFICE USE ONLY This license was / was not



J. 01 202

### **APPLICATION FOR Contractor License**

License #: <u>9909</u>	Date:	07/08/2024
■ New License □ Renewal License □ Expired License	ense	
GENERAL INFORMATION		
Name of Business: Overhead Door Co of Casper Inc dba Architectural C	Glazing Co	ntractor
Physical Address: 2760 Fleetwood Place Casper Wy 82604		· <u>-</u> .
Street City	State	Zìp
Mailing Address: 2760 Fleetwood Place Casper Wy 82604 Street City	State	Zip
Business Phone Number: 307-266-1442 Cell Number: 307-262-7432		
Email Address: roy@ohdcasper.com	ndcasper.c	om
License Classifications: Glass, Glazing, Storefront, Windows, Garage Do		
Installation, sales, service		
LICENSE ISSUED BY		
LIOCHUL ROOLD DI		
☑ City of Mills ☑ City of Casper ☐ Natrona County ☐ State of Wy  A copy of all licenses must be attached to this application.	_	Other
APPLICANT INFORMATION		
Applicant Name: Roy Parmely Pho	ne Number: 30	7-266-1442
Mailing Address: 2760 Fleetwood Place Casper WY 82604		·
Street	State	Zip
I certify that the above information is correct and true to the best of my knowled	dge.	
Applicants Signature:		PAID
There will be a \$35.00 License fee to be paid at the time the license is issued		JUL <b>0 8</b> 2024
Return completed form to:		
Mills City Hall		USE ONLY
720 4 <sup>th</sup> Street 307-234-6679		reeting of the Mills on the
	Attest	



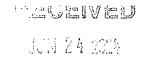


391. 05 797A

### **APPLICATION FOR Contractor License**

License #: 907	котрые аррисано			Da	te: <u>07/05/2024</u>
New License	e	icense	Expired L	icense	
GENERAL INFORMATION					
Name of Business: Parson Drywall, Inc				···	
Physical Address: 6703 Irving Blvd	Gillette	WY	82718		
Street			City	State	Zip
Mailing Address: 6703 Irving Blvd	Gillette	WY	82718		
Street			City	State	Zip
Business Phone Number: 307)257-4990	Cell Num	ber: <u>307(2</u>	257-4990		
Email Address: darias.parsondrywall1@outook.com	Website:				
License Classifications:		-			
LICENSE ISSUED BY					
City of Mills City of Casper A copy of a	┌─ Natrona Cou		to this applica	ation	Other
City of Mills City of Casper A copy of a			to this applica	ation	Other 307)257-4990
City of Mills City of Casper A copy of a APPLICANT INFORMATION Applicant Name: Darias Parson			to this applica	ation	
City of Mills City of Casper A copy of a APPLICANT INFORMATION Applicant Name: Darias Parson			to this applica	ation	307)257-4990
City of Mills City of Casper A copy of an APPLICANT INFORMATION Applicant Name: Darias Parson Mailing Address: 6703 Irving Blvd	all licenses must be	attached	to this applicate the third point of the third poin	one Number: WY State	307)257-4990 82718
City of Mills City of Casper A copy of an APPLICANT INFORMATION  Applicant Name: Darias Parson  Mailing Address: 6703 Irving Blvd  Street	all licenses must be	attached	to this applicate the third point of the third poin	one Number: WY State	307)257-4990 82718
City of Mills City of Casper A copy of an APPLICANT INFORMATION  Applicant Name: Darias Parson  Mailing Address: 6703 Irving Blvd  Street  I certify that the above information is contained.	orrect and true to	attached	to this applicate the property of my knowledge.	one Number: WY State	307)257-4990 82718
City of Mills City of Casper A copy of an APPLICANT INFORMATION  Applicant Name: Darias Parson  Mailing Address: 6703 Irving Blvd  Street  I certify that the above information is considered from to:  There will be a \$35.00 License fee to be paid at Return completed form to:	orrect and true to	attached	to this applicate the property of my knowledge.	one Number: WY State	307)257-4990 82718 Zip
City of Mills City of Casper A copy of an APPLICANT INFORMATION  Applicant Name: Darias Parson  Mailing Address: 6703 Irving Blvd  Street  I certify that the above information is concern to the concern	orrect and true to	attached	to this applicate the property of my knowledge.	one Number: WY State	307)257-4990 82718 Zip PA   D PUL 0 5,2024 E USE ONLY
City of Mills City of Casper A copy of an APPLICANT INFORMATION  Applicant Name: Darias Parson  Mailing Address: 6703 Irving Blvd Street  I certify that the above information is considered and particular and particul	all licenses must be	attached	to this applicate the property of my knowledge.	one Number: WY State edge.  OFFICI This licenses Granted at a	307)257-4990 82718 Zip





#### **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 a	applications shall be returned.	Date	: 6-24-2024
☐ New License 💢 Re	enewal License	License	
GENERAL INFORMATION			•
Name of Business: 307 Contracting			
Name of Business: 307 Contracting  Physical Address: 4500 Spaplae 4 166  Street	Casper	State	87601 Zip
Mailing Address:Street	City	State	Zip
Business Phone Number: 307- 258-5967	Cell Number:		
Email Address:	Website:		· —
License Classifications:			
LICENSE ISSUED BY			<del></del>
City of Mills X City of Casper Nati	rona County		Other
APPLICANT INFORMATION		•	
Applicant Name: Chuck Griffin		Phone Number:	307-258-596
Mailing Address: 4500 S. Paplar 106 Street	Casper	ly	82601
Street	*City	State	Zip
I certify that the above information is correct and	d true to the best of my know	wledge.	
Applicants Signature:	1.		
There will be a \$35.00 License fee to be paid at the time t	he license is issued	- Colombia C	AID
Return completed form to:		J	UN 2*4 2024

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

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



JUL 18 2024

### **APPLICATION FOR Contractor License**

License #: 9704	completed mo			Date	1/10/24	1
	☐ New License	Renewal Lice	ense 🔲 Expired	d License		
GENERAL INFORMATION						
Name of Business:	Mc ROOF	ING				
Physical Address:	1701 EE	#150	CASPER	- WY	82601	
	Street		Gity	State	Zip	
Mailing Address:	Street AME		City	State	Zip	
Business Phone Number:	307315610		r:			
Email Address:	14 STERS COL	MSN COVY Website:				
License Classifications:	Koop NG		····		· · · · · · · · · · · · · · · · · · ·	
LICENSE ISSUED E	<u>3Y</u>					
☐ City of Mills		X Natrona Count			Other	
APPLICANT INFORMATION	<u>1</u>					
Applicant Name:	1choofiNG			Phone Number:	207315610	96
Mailing Address:	AA					
	Street	.,	City	State	Zip	
I certify that the abov	ve information is cori	ect and true to th	e best of my knov	wledge. <sub>/</sub>		
Applicants Signature:			1 MA	Ry Cole:	<u> </u>	
There will be a \$35.00 Lice	ones for to have at the	a time the license is	igened		X I D	
There will be a \$30.00 Live	·	e time the noemse is	s işəucu	1111	1 8 2024	
Return completed form to	<b>)</b> :			JOL	1 0 2044	
Mills City Hall 720 4 <sup>th</sup> Street					USE ONLY was / was not	
307-234-6679					meeting of the Mills in the	
				Attact	1	

#### CITYOF MILLS EST. 1921

#### KECEWED

JUL 15 2024

### **APPLICATION FOR Contractor License**

License #: <u>4788</u>	Date: 7-15-24
New License Renewal License Expired Lice	ense
GENERAL INFORMATION	
Name of Business: Plumbing solutions of wroming  Physical Address: 3521 E-18th Casper  Street City	
Physical Address: 3501 E- 18th Casper	state Zip
Mailing Address: 3531 E. 19th Casper Street	State Zip  W7 82 669  State Zip
Business Phone Number: 307-315:4351 Cell Number: 307-315:	
Email Address: danie @ pswyo-com Website: pswyoming .	com
License Classifications: Plumbin Master licensy	
LICENSE ISSUED BY	· · · · · · · · · · · · · · · · · · ·
City of Mills City of Casper Natrona County State of Wyor  A copy of all licenses must be attached to this application  APPLICANT INFORMATION	n
Applicant Name: Danie Coneros Phone	
	e Number: <u>30ア-314・2</u> 451
Mailing Address: 3521 E. 18th Cayer	Number: 307-315, 2451
	State Zip
Mailing Address: 3501 E. (814 Cafer Street City  I certify that the above information is correct and true to the best of my knowledge	V-y         80 669           State         Zip
Mailing Address: 3591 E- (814 Cayer Street City	State Zip  ge.
Mailing Address: 3501 E. (814 Cafer Street City  I certify that the above information is correct and true to the best of my knowledge	V-y         80 669           State         Zip



# JUL 17 2021

### **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 #: 9797	Date: 7-16-2024
New License Renewal License Expired Licen	se
GENERAL INFORMATION	
Name of Business: PAECISION ROOFING PROS	<u> </u>
Physical Address: 2719 9. ODEN AVE CASPER Street City	<u>WY 82604</u> State Zip
Mailing Address: 22/9 S. ODEII AVE CASPER City	State Zip
Business Phone Number: 307-315-7672 Cell Number: 307-315-76	672
Email Address: TONII 1027 @ 2 MAI LOOMWebsite: PRECISION RODFI	ing Prostle.com
License Classifications: Roofing	<del></del>
·	
LICENSE ISSUED BY	
☐ City of Mills ☐ City of Casper ☐ Natrona County ☐ State of Wyom  A copy of all licenses must be attached to this application	ing Cher
APPLICANT INFORMATION 5	
Applicant Name: SAlvAtoni Aitllo Phone	Number: 307-315-7672
Mailing Address: ZZ19 S. ODEI/ AVE CASPER WY Street City	62604 State 7in
· · · · · · · · · · · · · · · · · · ·	otate zip
I certify that the above information is correct and true to the best of my knowledge	9.
Applicants Signature:	<del></del>
There will be a \$35.00 License fee to be paid at the time the license is issued	PAID
	JUL 1 7 2024
Return completed form to:	

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

OFFICE USE ONLY

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

Attest \_\_\_\_\_

Ocacio Applicatio	n for Contractor License - City	of Mills Date
ense # 9595 Application incomplete A	applications will be returned. Complete all fields in RED	
1, Raymond Derrora	_	RAD ROSFINS TO BUSINESS NAME (as it will appear on the license)
located at 1608 5 Chestnut	1	1
ត្ថí Renewal □ Expired (fee is doubled)	ommercial \$35.00 RECEIVED	JUL 1.1 2024
lo hereby apply to the City Council of the City of Mills for the City of	r a Contractor License to operate my business within Mills	i. :
Zenou ev a v v	of <u>June</u> , 2024	OFFICE USE ONLY
City Casper	state W Zip 82604	
3usiness phone # (307) 234 610 Contrac		l,, City Clerk of the City of Mills Wyoming, do hereby certify that
Contractor ID # 133ded by 17 Italians	y of Casper City of Mills State of Wyo	the above license was read, examined and was
Signed Fee is to be PAID before	Print Name Raymond Parrata e license is approved	/ was not granted at a regular meeting of the  City Council held on the day of
A contractor license is required for a contra Mills. Please call City Hall at 234	ctor to operate business within the City of .6679 if you have any questions.	
Fire Inspection: Fire Inspection Comple		Attest
Contractor License: Contractor Card Expir	ration Date 10/13/107	1
		:

# CITYOF MILLS

## JUL 16 2024

### **APPLICATION FOR Contractor License**

License #: <u>9536</u>			
		Date:	07/15/2024
☐ New License	License   Expired	License	
GENERAL INFORMATION			
Name of Business: Superior Air Solutions		· · ·	
Physical Address: 9257 Salem Rd Evansville, WY 8	2636		
Street	City	State	Zip
Mailing Address: PO Box 304 Evansville, WY 82636			
Street	City	State	Zip
Business Phone Number: 307-315-1416 Cell Nu	mber:		
Email Address: superiorair213@gmail.com Website	F		
License Classifications: Mechanical master			
☐ City of Mills ☐ City of Casper ☐ Natrona Co A copy of all licenses must b	•	, -	Other
APPLICANT INFORMATION Applicant Name: Jon Kemper	P	auon hone Number: <u>30</u>	7-315-1416
Applicant Name: Jon Kemper Mailing Address: PO Box 304 Evansville, WY 82636	P		<del></del>
Applicant Name: Jon Kemper	P		7-315-1416 Zip
Applicant Name: Jon Kemper Mailing Address: PO Box 304 Evansville, WY 82636	City	hone Number: 30 State	<del></del>
Applicant Name: Jon Kemper  Mailing Address: PO Box 304 Evansville, WY 82636  Street  I certify that the above information is correct and true to	City	hone Number: 30 State	<del></del>
Applicant Name: Jon Kemper  Mailing Address: PO Box 304 Evansville, WY 82636  Street	City	hone Number: 30 State	<del></del>
Applicant Name: Jon Kemper  Mailing Address: PO Box 304 Evansville, WY 82636  Street  I certify that the above information is correct and true to	City  o the best of my know	State	Zip
Applicant Name: Jon Kemper  Mailing Address: PO Box 304 Evansville, WY 82636  Street  I certify that the above information is correct and true to Applicants Signature:	City  o the best of my know	hone Number: 30 State	Zip
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#### 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 #: 4805 Date: 4 26 24 ☐ New License **GENERAL INFORMATION** Name of Business: Physical Address: И Mailing Address: Street State Zip Cell Number: 307-462-6155 Business Phone Number: 307 - 462-6 Email Address: GMB Zaa7D yahoo.com Website: License Classifications: LICENSE ISSUED BY ☐ City of Mills ☐ Other City of Casper Natrona County ☐ State of Wyoming A copy of all licenses must be attached to this application **APPLICANT INFORMATION** Phone Number: 307-462-6655 Applicant Name: 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

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

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