9714

Application for Business License - Town of Mills

DATE 8-15-2020

License #//		10111	DATE 8-15-2020
Incomplete Ap	plications will be returned.	Complete all fields in Ri	
In Jason Booth NAME Society of the street Address of the street	, the Memb	ofof	Golden Ticket Concessions 44
3456 Andres 1 7	7=: 10	- C / O O / -	, 1
located at JTJO TTPPlegate L	Trive Casp	er, wy 8260	
BUSINESS PHYSICAL STREET ADDRESS	CITY, S	STATE, ZIP	PAID
K New	□ Commercial	\$65.00	AUG 1 9 2020
□ Renewal	□ Home	\$65.00	A56 1 5 2020
☐ Expired (fee is doubled)	Mitinerant Sales	\$25.00	TOWN OF MILLS
do hereby apply to the Town Council of the Town of Mills for	r a Business License to opera	ate my	
Food Truck / Trailer DESCRIBE THE TYPE OF BUSINESS	within the Town of I	Mills for a	***All door to door sales
period of ONE year, beginning the /5 day of _	operating hours are limited to 8:00 A.M. to 8:00 P.M.***		
Business mailing address: 3456 Applega	ate Drive		6
Business mailing address: 3456 Applega	State <u></u> ₩ ∠ z	ip_82604	OFFICE USE ONLY
Business phone number: (307) 337-1194 WY	Tax ID Number: 010	12310	OTTICE OSE ONE!
Do you travel in and out of Mills, WY for your Business	? MYES NO		
Do you have any type of equipment, trucks, cars, traile	rs, materials, etc. that w	ill be parked at your	1, CHRISTING TRYMBULL , Town Clerk
business location in Mills, WY? ☐ YES 🔀 №			
Does your business operate out of a commerical buildi	,		of the Town of Mills Wyoming, do hereby certify
Does your business operate out of a residential home?			that the above license was read, examined and
Is your business mobile (i.e. Taxi, Handyman, Construc			that the above heerse was read, examined and
Signed Jason Routh Print	t Name Jason 1	Booth	was / was not granted at a regular meeting of
Fee is to be PAID before i	icense is approved		the Town Council held on the day
A business license is required for ANY business to operate with			of <u>SEPTEMBER</u> , 201820
in Mills, but you come into Mills to sell, or to po		required.	201820
Please call Town Hall at 234.6679 in You may fax your insurance to 307.234.6528. To sche		ll 307.439.1245.	
			Attest

OFFICE USE ONLY

Fire Inspection Completed Date:__

5-11-2021

Insurance Expiration Date:

OFFICE USE ONLY

1, CHRISTING TRYABULL , 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 SEPTEABER, 201820
Attest
Town Clerk

Mountain West Farm Bureau **Mutual Insurance Company**

P.O. Box 1348, LARAMIE, WY 82073-1348 (307) 745-4835

CANNED SCANNED

THANK YOU FOR YOUR BUSINESS

HERE IS YOUR INSURANCE CARD

AGENT NAME:

AGENT PHONE: 307-234-5515

POLICY:

NEW

GOLDEN TICKET CONCESSIONS, LLC

3456 APPLEGATE DR CASPER, WY 82604

INSURANCE IDENTIFICATION CARD NAIC# 29440

Mountain West Farm Bureau Mutual Insurance Company

P.O. BOX 1348 - LARAMIE, WYOMING 82073-1348 - 307-745-4835

INSURED:

GOLDEN TICKET CONCESSIONS,

LLC

3456 APPLEGATE DR CASPER, WY 82604

POLICY NUMBER: NEW

EFFECTIVE DATE: 5/11/2020 EXPIRATION DATE 5/11/2021

VEHICLE INSURED Commercial Auto, Truck-Tractor, Trailer YR: 2003 MAKE: FORD VIN: 1FTRF17223NB41842

MUST BE CARRIED IN VEHICLE AT ALL TIMES

THANK YOU FOR YOUR BUSINESS

HERE IS YOUR INSURANCE CARD

IF YOU HAVE AN ACCIDENT:

1) Obtain names, addresses, driver's license numbers, and insurance information of all persons involved.

2) Make no statement or admission of liability and sign no statements except as required by law.

3) Report the accident immediately to your agent.

Mountain West Farm Bureau

(307) 745-4835

AGENT NAME:

AGENT PHONE: 307-234-5515

NEW

GOLDEN TICKET CONCESSIONS, LLC

3456 APPLEGATE DR CASPER, WY 82604

INSURANCE IDENTIFICATION CARD

NAIC# 29440

Mountain West Farm Bureau Mutual Insurance Company

P.O. BOX 1348 - LARAMIE, WYOMING 82073-1348 - 307-745-483E

INSURED:

GOLDEN TICKET CONCESSIONS,

LLC

3456 APPLEGATE DR CASPER, WY 82604

POLICY NUMBER: NEW

EFFECTIVE DATE: 5/11/2020

EXPIRATION DATE 5/11/2021 VEHICLE INSURED Commercial Auto, Truck-Tractor, Trailer

YR: 2019 MAKE:LONGHORN

MUST BE CARRIED IN VEHICLE AT ALL TIMES

Mutual Insurance Company

P.O. Box 1348, LARAMIE, WY 82073-1348

POLICY:

IF YOU HAVE AN ACCIDENT:

1) Obtain names, addresses, driver's license numbers, and insurance information of all persons involved.

2) Make no statement or admission of liability and sign no statements except as required by law.

3) Report the accident immediately to your agent.

Application for Business License - Town	of Mills DATE 8/18/2020
Incomplete Applications will be returned. Complete all fields in REI	DATE OF TOTAL
1, spanie trachaupt, the The Rusty Kurdo Al Cof	the Rusty Bucketuc
NAME TITLE (i.e. owner, manager, etc.)	BUSINESS NAME (as it will appear on the license)
located at Wyom in a Vicence Quailable	Abostadio too la
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP	ST COUCIN TRACELL
	PAID
Renewal \$65.00	AUG. 1 () 2020
Expired (for it doubled)	AUG 19 2020
723.00	TOWN OF MILLS
do hereby apply to the Town Council of the Town of Mills for a Business License to operate my	TOTAL OF WILL
1000 COncession Railer within the Town of Mills for a	
DESCRIBE THE TYPE OF BUSINESS	***All door to door sales
period of ONE year, beginning the 15 - day of 3 El Tenser 2020	operating hours are limited
period of ONE year, beginning the	to 8:00 A.M. to 8:00 P.M.***
Business mailing address: 5 Chrus Jane	TO OUT I SIVE
D	
City KOZOT State V Zip 82727	OFFICE USE ONLY
Business phone number: 307-299-7497WY Tax ID Number:	STATE OSE ONE!
Do you travel in and out of Mills, WY for your Business?	
Do you have any type of equipment, trucks, cars, trailers, materials, etc. that will be parked at your	1, CHRISTINE TRUBBUIL, Town Clerk
business location in Mills, WY? XYES DO If YES, how many? TRUCK & Concession	The state of the s
Does your business operate out of a commerical building? TYES NO	of the Town of Mills Wyoming, do hereby certify
Does your business operate out of a residential home? YES NO	that the about I'
Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)? YES NO	that the above license was read, examined and
Signed Challet Print Name Janne Engenaupt	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 business license is required for ANY business to operate within the Town of Mills. If your main location is not	4
in Mills, but you come into Mills to sell, or to perform a service, a license is required.	of SEPTENSER, 2020.
Please call Town Hall at 234.6679 if you have any questions. You may fax your insurance to 307.234.6528. To schedule your Fire Inspection call 307.234.8481.	
OFFICE USE ONLY	Attest
12 / 7 27.	Town Clerk
Insurance Expiration Date: 8-6-204 Fire Inspection Completed Date: 114	

LMINCHOW

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

8/12/2020

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.

plicy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

ppon	is certificate does not confer rights to oucer License # 6024			CONTACT Laurie N	inchow		F137		
HUB	International Mountain States Limite	d	2	PHONE (A/C, No. Ext): (307) 823-6113 FAX (A/C, No): (866) 62					626-4916
	8ox 819 tte, WY 82717		9718	E-MAIL ADDRESS: laurie.minchow@hubinternational.com					
	,		1 / 1	INSURER(S) AFFORDING COVERAGE					NAIC#
				INSURER A : United	Fire & Casu	ualty			13021
INSU	RED			INSURER B :					
	The Rusty Bucket LLC			INSURER D :					
	15 Chris Lane								-
	Rozet, WY 82727			INSURER E :					
				INSURER F :		REVISION NU	MDED:		
CO	VERAGES CER	TIFICATE	NUMBER:	LANGE DEEN LOCKED	TO THE INCLU			HF P	OLICY PERIOD
IN	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIREM!	THE INSURANCE AFFOR	DED BY THE POLIC	IES DESCRIE PAID CLAIMS	BED HEREIN IS S			
INSR LTR		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	S	4 000 000
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR		60525724	8/6/2020	8/6/2021	DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$	5,000
						MED EXP (Any one	Color Construction	\$	1,000,000
						PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGRE		\$	2,000,000
	X POLICY PRO-					PRODUCTS - COM	P/OP AGG	\$	-,,
	OTHER:					COMBINED SINGL	E LIMIT	\$	1,000,000
Α	AUTOMOBILE LIABILITY			8/6/2020	8/6/2021	(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED		60525724	8/6/2020	0/0/2021	BODILY INJURY (P		\$	
	AUTOS ONLY AUTOS					PROPERTY DAMA (Per accident)		\$	
	X HIRED AUTOS ONLY					(i or adoldony		\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURREN	ICE	\$	1,000,000
-	EXCESS LIAB CLAIMS-MADE		60525724	8/6/2020	8/6/2021	AGGREGATE		\$	1,000,000
	DED RETENTION\$							\$	
	WORKERS COMPENSATION					PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDE	ENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may be attached if m	ore space is requ	iired)			
CE	RTIFICATE HOLDER			CANCELLATION					
1				T.					

The Rusty Bucket LLC 15 Chris Lane Rozet, WY 82727

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

License # 97/5 Application for Incomplete Application		cense - Town	DATE / A TALL ALL
1, Heather Hart, the		mber of	BUSINESS NAME (as it will appear on the license)
located at 4515 Mill Pd (Cosp BUSINESS PHYSICAL STREET ADDRESS	ar Wy {	ATE, ZIP	PAID
□ Renewal □	□ Commercial □ Home □ Litinerant Sales	\$65.00 \$65.00 \$25.00	AUG 21 2020 TOWN OF MILLS
DESCRIBE THE TYPE OF BUSINESS period of ONE year, beginning the	within the Town of Mi	lls for a	***All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.**
Business mailing address: 4515 Maie 2 City Cape State Business phone number: 301-211-1419 WY Tax ID	Number: 0012		OFFICE USE ONLY
Do you have any type of equipment, trucks, cars, trailers, mat business location in Mills, WY? YES NO If YES, Does your business operate out of a commercial building?	how many? • YES > NO	be parked at your	of the Town of Mills Wyoming, do hereby certification
Does your business operate out of a residential home? Is your business mobile (i.e. Taxi, Handyman, Construction, et Signed Print Name	tc.)? YES 🗆	Hart	that the above license was read, examined and was / was not granted at a regular meeting of
A business license is required for ANY business to operate within the in Mills, but you come into Mills to sell, or to perform a	Town of Mills. If you		of SEPTEMBEN, 2020.
Please call Town Hall at 234.6679 if you have You may fax your insurance to 307.234.6528. To schedule you OFFICE USE ONLY	ve any questions. ur Fire Inspection call	307.234.8481.	AttestTown Clerk
Insurance Expiration Date: NA Fire Inspection Co	ompleted Date:	IA.	

PAID

OFFICE USE ONLY

1, CHRESTINE TRANSMI, 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 SEPTENSER, 2020.
Attest
Town Clerk

License # Application for Contractor License - Tow	n of Mills
Incomplete Applications will be returned. Complete all fields in RI	ED
1, Middle Science , the owner of	Swanson Construction BUSINESS NAME (as it will appear on the license
located at 640 Spc15 Road Caster WY 82604 BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP	a contract of the ficense
 New □ Renewal □ Expired (fee is doubled) 	PAID AUG 28 2020
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	OWNOFMILLS
period of ONE year, beginning the 4. 15 Jay of SEPTENBEN , 2020.	
Business mailing address: Swanson Construction	OFFICE USE ONLY
City Caper State W7 Zip 82404 Business phone #: 307-234-3775 Contractor ID #:	1, CHRISTIALE TRUMBUALL, Town Cler
Contractor ID # issued by: Natrona County City of Casper Town of Mills State of Wyo	of the Town of Mills Wyoming, do hereby certif
(circle one)	that the above license was read, examined and
Signed Mallal Johnson Print Name Michael Svanson	was / was not granted at a regular meeting o
Fee is to be PAID before license is approved	the Town Council held on the day
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.	of <u>SERTENBER</u> , 2020. Attest
Fire Inspection Fire Inspection Completed Date Proof of Liability Insurance: Insurance Expiration Date 7-1-2021 Contractor License Contractor License Expiration Date 12-31-2020	Town Clerk
(The Town must have a copy of your Certificate of Liability from your insurance company)	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/26/2020

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).

th	is certificate does not confer rights to	the c	ertific		endor	sement(s).		an oncorronnent. A otto		27.00
PRO	DUCER				CONTAC NAME:	CT Kellie Spe	ith			
The Bon Agency Insurance					PHONE (307) 234-4551 FAX (A/C, No. Ext): (307) 237-2237					
P.O. Box 1729 9716					E-MAIL ADDRESS: kspeth@bonagency.com					
						IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #
Cas	per			WY 82602	INSURE	RA: Acuity		>		14184
INSU	RED				INSURE	RB:	6	AAAAAA		
	Michael Swanson DBA: Swans	on Con	struct	ion	INSURE		1/2	SLANNE		
	6940 Speas Rd				INSURE			AALMINE		
					INSURE					
	Casper			WY 82604	INSURE					
CO	VERAGES CER	TIFIC	ATE N	NUMBER: CL207100400	STATE OF TAXABLE PARTY.			REVISION NUMBER:		
IN C	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT (CLUSIONS AND CONDITIONS OF SUCH PO	REMEN AIN, TH DLICIES	NT, TE IE INS S. LIMI	RM OR CONDITION OF ANY GURANCE AFFORDED BY THE	POLICE	ACT OR OTHER IES DESCRIBE IED BY PAID CI	DOCUMENT NO HEREIN IS S LAIMS.	WITH RESPECT TO WHICH I	THIS	
INSR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	000
								MED EXP (Any one person)	s 5,00	0
Α				ZG2487		07/10/2020	07/10/2021	PERSONAL & ADV INJURY	+	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER	1 1	- 1					GENERAL AGGREGATE	-	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	-	0,000
	OTHER:							711000010 00111101 7100	s	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANY AUTO							BODILY INJURY (Per person)	s	
Α	OWNED SCHEDULED AUTOS ONLY			ZG2487		07/10/2020	07/10/2021	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE	S	
	AUTOS ONLY AUTOS ONLY							(Per accident)	s	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE	1 1	- 1						s	
	DED RETENTION \$	1						AGGREGATE		
	WORKERS COMPENSATION							PER OTH-	S	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below		\rightarrow					E.L. DISEASE - POLICY LIMIT	5	
									- 3	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACI	ORD 16	11 Additional Remarks Schedule	may be at	tached if more st	saca is ramuirad\			
	a a a a a a a a a a a a a a a a a a a	(1101			o, oe a	e and and a second	wee is radured)			
CE	TIEICATE HOLDER		_		CANO	ELL ATION				
CE	RTIFICATE HOLDER	_	_		CANC	ELLATION				
	Town of Mills 704 4th St				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE
	PO Box 789				AUTHOR	RIZED REPRESEN	NTATIVE	.29.		
	Mills			WY 82644			Mil	le tennely_		
				92.977			- / cas	my curedy		







SWANSON CONSTRUCTION

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

General II

CL-19-556

This License Expires: 12/31/2020

Natrona County Building Department Casper, Wyoming

Number GCII-010 This is to certify than

Identification Card

SWANSON CONSTRUCTION

Has met the license requirements to perform work in Natrona County as -GENERAL CONTRACTOR CLASS 2-

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

Application for Contractor License - Tow	DATE () CO CO
Incomplete Applications will be returned. Complete all fields in RI	
1, Octavid Cuevas, the Owner of	Tto Construction
NAME TITLE (i.e. owner, manager, etc.)	BUSINESS NAME (as it will appear on the license)
located at 2/8/ (exington one casper Wy 82609	
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP	PAIS
☐ New \$35.00	PAID
□ Renewal	AUG 25 2020
□ Expired (fee is doubled)	
do hereby apply to the Town Council of the Town Chailly Council	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	
period of ONE year, beginning the	
Business mailing address: 2/8/ (exington and	OFFICE USE ONLY
City Casper State WY Zip 82609	
Business phone #: 307 - 277 - 00 23 Contractor ID #: 2018 - 000 7 9 7651	
	1, EHRISTINE TRANSALL, 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
	was / was not granted at a regular meeting of
Signed Offario Culvas	
Fee is to be PAID before license is approved	the Town Council held on the day
	of SEPTENGER, 2020.
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.	Attest
	Attest

Fire Inspection Completed Date

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

Insurance Expiration Date 8-11-2021

Contractor License Expiration Date 8-11-2021

Fire Inspection

Proof of Liability Insurance:

Contractor License

OFFICE USE ONLY I, CHRISTINE TRUMBULL, 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 SEPTEMBER, 2020. ttest Town Clerk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER	to the cer	micate floider in flett of s	CONTACT	3)					
Jonathan Schrack NEW			NAME:						
1740 East 2nd St. Casper, WY 82601			(A/C, Ne, Ext): (307) 234-1522 [A/C, Ne): (307) 265-8577 E-MAIL (A/C, Ne): (307) 265-8577						
INSURED			INSURER A : Libert	ty Mutual	2				
T & O Construction			INSURER B :		CCANNIC	1	1		
2181 Lexington Ave			INSURER C :		JLANNE				
CASPER, WY 82609			INSURER 0 :						
CASPER, WY 82609			INSURER E ;						
COVERAGES CE	Parties a mar		INSURER F :						
THIS IS TO CERTIFY THAT THE DOLLOR	O OF MICH	NUMBER;			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH NSR.	DEDTAIN	THE INCHES AFFERD	OF ANT CONTRAC	I OK OTHER	DOCUMENT WITH RESP	THE F ECT T TO AL	OLICY PERIOD O WHICH THIS L THE TERMS,		
NSR LTR TYPE OF INSURANCE	ADDL SUBR		DELLI MEDUCED DI	POLICY EXP	,				
COMMERCIAL GENERAL LIABILITY	INSU WYU	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		rs			
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
A					MED EXP (Any one person)	\$	15,000		
GEN'L AGGREGATE LIMIT APPLIES PER:		BWG61856136	08/11/20	08/11/21	PERSONAL & ADV INJURY	\$	1,000,000		
V PRO- V	1 1 1				GENERAL AGGREGATE	3	2,000,000		
OTHER:	1 3			¹ .	PRODUCTS - COMP/OP AGG	\$	2,000,000		
AUTOMOBILE LIABILITY						\$			
ANY AUTO					COMBINED SINGLE LIMIT (Ex accident)	S			
OWNED CHEDINED					BODILY INJURY (Per person)	s			
AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accident)	5			
AUTOS ONLY AUTOS ONLY	1 !				PROPERTY DAMAGE (Per additions)	5			
UMBRELLA LIAB					(Lot discount)	5			
EXCESS LIAB OCCUR					EACH OCCURRENCE	5			
CLAIMS-MADE					AGGREGATE	s			
WORKERS COMPENSATION						\$	0.0		
AND EMPLOYERS' LIABILITY					PER OTH-	4			
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	ŝ			
(Mandatory In NH)					E.L. DISEASE - EA EMPLOYEE	-			
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	•			
					TO THE TOTAL PROPERTY OF THE PARTY OF THE PA	4			
i				1					
MODIFICAL AT THE PARTY OF THE P				-			1		
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD 1	01, Additional Remarks Schedulo	may be attached if more	space is require	od)	_	_		
arpentry				,			1		
,,							1		
							1		
							1		
							1		
							1		
ERTIFICATE HOLDER			ANCELLATION						
			ANCELLATION						
Town of Mile			SHOULD ANY OF TH	E ABOVE DE	SCRIBED POLICIES BE CA	NCE	LED BEFORE		
Town of Mills		1	THE GAPIRATION	DATE INFI	REDE NOTICE WILL B	E DE	LIVERED IN		
PO Box 789		1	ACCORDANCE WITH	THE POLICY	PROVISIONS.				
Mills, WY 82644		Δ	UTHORIZED REPRESENT	ATIVE					
fmv 024 0000		1"	NEPRESEN!	ATIVE					
fax 234-6528			J. A. C	200	10-1				
			Frago!	-2015 ACO	naeu.				
ORD 25 (2016/03)	The ACC	RD name and lone	7 9 1986	- ZUIS ALO	RD CORPORATION. A	l righ	its reserved.		





T & O Construction

Has met the requirements set forth by the Town of Mills and is Competent to perform work as a

GENERAL CONTRACTOR TM-01-2020

This License Expires: 08/11/2021
Unless cancelled or revoked. Good only when signed by the Building Official or authorized designee.

Kevin O'Hearn

Town of Mills Building Department