

License # 9714

Application for Business License - Town of Mills

DATE 8-15-2020

Incomplete Applications will be returned. Complete all fields in RED



I, Jason Booth, the Member of Golden Ticket Concessions LLC
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 3456 Applegate Drive Casper, WY 82604
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired (fee is doubled)
- Commercial \$65.00
- Home \$65.00
- Itinerant Sales \$25.00

PAID
AUG 19 2020
TOWN OF MILLS

do hereby apply to the Town Council of the Town of Mills for a Business License to operate my

Food Truck / Trailer within the Town of Mills for a
DESCRIBE THE TYPE OF BUSINESS

period of ONE year, beginning the 15 day of SEPTEMBER, 2020.

Business mailing address: 3456 Applegate Drive
City Casper State WY Zip 82604

Business phone number: (307) 337-1194 WY Tax ID Number: 01012310

- Do you travel in and out of Mills, WY for your Business? YES NO
- Do you have any type of equipment, trucks, cars, trailers, materials, etc. that will be parked at your business location in Mills, WY? YES NO If YES, how many? _____
- Does your business operate out of a commercial building? YES NO
- Does your business operate out of a residential home? YES NO
- Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)? YES NO

Signed Jason Booth Print Name Jason Booth
Fee is to be PAID before license is approved

*****All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.*****

OFFICE USE ONLY
I, CHRISTINE THUMBELL, 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 15 day
of SEPTEMBER, 2020
Attest _____
Town Clerk

A business license is required for ANY business to operate within the Town of Mills. If your main location is not in Mills, but you come into Mills to sell, or to perform a service, a license is required.
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 307.439.1245.

OFFICE USE ONLY
Insurance Expiration Date: 5-11-2021 Fire Inspection Completed Date: N/A

Handwritten initials

Mountain West Farm Bureau
Mutual Insurance Company
P.O. Box 1348, LARAMIE, WY 82073-1348
(307) 745-4835

THANK YOU FOR YOUR BUSINESS

↓ HERE IS YOUR INSURANCE CARD ↓



AGENT NAME:
AGENT PHONE: 307-234-5515
POLICY: NEW

GOLDEN TICKET CONCESSIONS, LLC
3456 APPLGATE DR
CASPER, WY 82604

9714

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 APPLGATE 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

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

THANK YOU FOR YOUR BUSINESS

↓ HERE IS YOUR INSURANCE CARD ↓

AGENT NAME:
AGENT PHONE: 307-234-5515
POLICY: NEW

GOLDEN TICKET CONCESSIONS, LLC
3456 APPLGATE 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 APPLGATE 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 VIN:

MUST BE CARRIED IN VEHICLE AT ALL TIMES

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.

License # 9718

Application for Business License - Town of Mills

DATE 8/18/2020

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



I, Jeanne Engelhaupt, the The Rusty Bucket, LLC of The Rusty Bucket, LLC
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at Wyoming license available + posted in trailer
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired (fee is doubled)
- Commercial \$65.00
- Home \$65.00
- Itinerant Sales \$25.00

PAID
AUG 19 2020
TOWN OF MILLS

do hereby apply to the Town Council of the Town of Mills for a Business License to operate my food concession trailer within the Town of Mills for a
DESCRIBE THE TYPE OF BUSINESS

*****All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.*****

period of ONE year, beginning the 15 day of SEPTEMBER, 2020.

Business mailing address: 15 Chris Lane
City Rozet State WY Zip 82727

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 15 day of SEPTEMBER, 2020.
Attest _____
Town Clerk

- Business phone number: 307-299-7497 WY Tax ID Number: _____
- Do you travel in and out of Mills, WY for your Business? YES NO
- Do you have any type of equipment, trucks, cars, trailers, materials, etc. that will be parked at your business location in Mills, WY? YES NO If YES, how many? TRUCK + concession trailer
- Does your business operate out of a commercial building? YES NO
- Does your business operate out of a residential home? YES NO
- Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)? YES NO

Signed Jeanne Engelhaupt Print Name Jeanne Engelhaupt
Fee is to be PAID before license is approved

A business license is required for ANY business to operate within the Town of Mills. If your main location is not in Mills, but you come into Mills to sell, or to perform a service, a license is required.
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
Insurance Expiration Date: 8-6-2021 Fire Inspection Completed Date: N/A

75



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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.

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 License # 6024 HUB International Mountain States Limited PO Box 819 Gillette, WY 82717	CONTACT NAME: Laurie Minchow PHONE (A/C, No, Ext): (307) 823-6113 E-MAIL ADDRESS: laurie.minchow@hubinternational.com	FAX (A/C, No): (866) 626-4916 NAIC #
	INSURER(S) AFFORDING COVERAGE INSURER A: United Fire & Casualty	
INSURED The Rusty Bucket LLC 15 Chris Lane Rozet, WY 82727	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

9718



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 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			60525724	8/6/2020	8/6/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			60525724	8/6/2020	8/6/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			60525724	8/6/2020	8/6/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER 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 HOLDER

CANCELLATION

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 # 9715

Application for Business License - Town of Mills

DATE 8/21/2020

Incomplete Applications will be returned. Complete all fields in RED



I, Heather Hart, the Sole Member of War Pony LLC
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 4515 Meier Rd Casper WY 82604
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired (fee is doubled)
- Commercial \$65.00
- Home \$65.00
- Itinerant Sales \$25.00

do hereby apply to the Town Council of the Town of Mills for a Business License to operate my

Boutique Boutique within the Town of Mills for a
DESCRIBE THE TYPE OF BUSINESS

period of ONE year, beginning the 15 day of SEPTEMBER, 2020.

Business mailing address: 4515 Meier Rd
City Casper State WY Zip 82604

Business phone number: 307.277.1419 WY Tax ID Number: 01012543

- Do you travel in and out of Mills, WY for your Business? YES NO
- Do you have any type of equipment, trucks, cars, trailers, materials, etc. that will be parked at your business location in Mills, WY? YES NO If YES, how many? _____
- Does your business operate out of a commercial building? YES NO
- Does your business operate out of a residential home? YES NO
- Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)? YES NO

Signed [Signature] Print Name Heather Hart

Fee is to be PAID before license is approved

A business license is required for ANY business to operate within the Town of Mills. If your main location is not in Mills, but you come into Mills to sell, or to perform a service, a license is required. 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

Insurance Expiration Date: N/A Fire Inspection Completed Date: N/A

PAID
AUG 21 2020
TOWN OF MILLS

*****All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.*****

OFFICE USE ONLY
I, CHRISTINE TRNABUI, 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 15 day of SEPTEMBER, 2020.
Attest _____
Town Clerk

License # 9716

Application for Contractor License - Town of Mills

DATE _____



Incomplete Applications will be returned. Complete all fields in RED

I, Michael Swanson, the owner of Swanson Construction
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 6440 Spicus Road Casper WY 82604
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

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

PAID
AUG 28 2020
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 15 day of SEPTEMBER, 2020.

Business mailing address: Swanson Construction
City Casper State WY Zip 82604

Business phone #: 307-234-3775 Contractor ID #: _____

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

Signed Michael Swanson Print Name Michael Swanson

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.

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 15 day of SEPTEMBER, 2020.
Attest _____
Town Clerk

Fire Inspection Fire Inspection Completed Date N/A

Proof of Liability Insurance: Insurance Expiration Date 7-1-2021

Contractor License Contractor License Expiration Date 12-31-2020

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

SCANNED



9716


SCANNED



City of Casper, Wyoming

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

Identification Card

This is to certify that

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

License # 9717

Application for **Contractor License** - Town of Mills

DATE 8-25-20

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



I, Octavio Cuevas, the Owner of Tto Construction
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 2181 Lexington Ave Casper WY 82609
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired (fee is doubled)

Commercial \$35.00

PAID
AUG 25 2020
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 15 day of SEPTEMBER, 2020.

Business mailing address: 2181 Lexington Ave
City Casper State WY Zip 82609

Business phone #: 307-277-0023 Contractor ID #: 2018-000797651

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

Signed [Signature] Print Name Octavio Cuevas

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 N/A

Proof of Liability Insurance: Insurance Expiration Date 8-11-2021

Contractor License Contractor License Expiration Date 8-11-2021

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

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 15 day
of SEPTEMBER, 2020.
Attest _____
Town Clerk

18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/20

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
Jonathan Schrack *NEW*
 1740 East 2nd St.
 Casper, WY 82601

CONTACT NAME:
 PHONE (A/C, No, Ext): **(307) 234-1522**
 FAX (A/C, No): **(307) 265-8577**
 E-MAIL: **jonschr2002@yahoo.com**
 ADDRESS: **jonschr2002@yahoo.com**

INSURED
T & O Construction
 2181 Lexington Ave
 CASPER, WY 82609

INSURER(S) AFFORDING COVERAGE
 INSURER A: **Liberty Mutual**
 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.

NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		BWG61856136	08/11/20	08/11/21	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 1,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:					MED EXP (Any one person) \$ 15,000
	AUTOMOBILE LIABILITY					PERSONAL & ADV INJURY \$ 1,000,000
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					GENERAL AGGREGATE \$ 2,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				PRODUCTS - COMP/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				COMBINED SINGLE LIMIT (EA ACCIDENT) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						PER STATE OTH-ER \$
						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)

Carpentry

CERTIFICATE HOLDER
 Town of Mills
 PO Box 789
 Mills, WY 82644
 fax 234-6528

CANCELLATION
 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
[Signature]

9717

 **SCANNED**



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