

**REGULAR WORK SESSION
MEETING**

March 26, 2024

6:00 PM

City Hall



CITY OF MILLS
EST. 1921

Mayor:

Leah Juarez

Council President:

Sara McCarthy

Council Members:

Cherie Butcher

Brad Neumiller

Tim Sutherland

AGENDA

CALL TO ORDER

AGENDA ITEMS

1. TREASURER - Insurance
2. CITY CLERK - WINERY PERMIT - Unlocked Vines, LLC
3. COUNCIL PRESIDENT - Metro Joint Powers Board
4. CITY CLERK / BUILDING INSPECTOR- Komma Address Issue

ADJOURNMENT

AGENDA SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the Americans with Disabilities Act, persons who need accommodation in order to attend or participate in this meeting should contact City Hall at 307-234-6679 within 48 hours prior to the meeting in order to request such assistance.

75% of Dependent Cost -City of Mills Employer Contributions

MEDICAL OAP TRADITIONAL PLAN	Employer % Paid Currently	Current Monthly Rates	Current Employer Contribution	Current Employee Contribution	Increase contribution to 75% for dependents	Revised Employee Contribution	Enrollment Count	Difference for Employer
Employee	100%	\$897.10	\$897.10	\$0.00	\$897.10	\$0.00	20	\$0.00
Employee + Spouse	50%	\$1,883.83	\$1,390.47	\$493.37	\$1,637.15	\$246.68	1	\$246.68
Employee + Dependent(s)	50%	\$1,704.41	\$1,300.76	\$403.66	\$1,502.58	\$201.83	1	\$201.82
Family	50%	\$2,691.18	\$1,794.14	\$897.04	\$2,242.66	\$448.52	6	\$2,691.12
								\$3,139.62 Additional Monthly Cost

MEDICAL HSA	Employer % Paid Currently	Current Rates	Current Employer Contribution	Current Employee Contribution	Increase contribution to 75% for dependents	Revised Employee Contribution	Enrollment Count	Difference for Employer
Employee	100%	\$691.58	\$691.58	\$0.00	\$691.58	\$0.00	18	\$0.00
Employee + Spouse	60%	\$1,452.34	\$1,148.04	\$304.30	\$1,262.15	\$190.19	1	\$114.11
Employee + Dependent(s)	60%	\$1,314.05	\$1,065.06	\$248.99	\$1,158.43	\$155.62	5	\$466.86
Family	60%	\$2,074.82	\$1,521.52	\$553.30	\$1,729.01	\$345.81	6	\$1,244.94
								\$1,825.91 Additional Monthly Cost

If you change the contributions now for Dependents to pick up 75% instead of the 50% on Traditional and 60% on HSA

Total Monthly Increase t \$4,965.53

Savings to the Employees	Traditional OAP Current Employee	Revised Employee Contribution	EE Monthly Savings	HSA Current Employee Contribution	Revised Employee Contribution	EE Monthly Savings
Employee	\$0.00	\$0.00	\$0	\$0.00	\$0.00	\$0
Employee + Spouse	\$493.36	\$246.68	\$246.68	\$304.30	\$190.19	\$114.11
Employee + Dependent(s)	\$403.65	\$201.83	\$201.82	\$248.99	\$155.62	\$93.37
Family	\$897.04	\$448.52	\$448.52	\$553.30	\$345.81	\$207.49

NEW OR TRANSFER LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:		
Trf from:		
Reviewer:	Initials	Date
Agent:		/ /
Mgr:		/ /

Item #2.

To be completed by City / Town / County Clerk Local License #: _____

License Fees
 Annual Fee: \$ 250.00 Date filed with clerk: 3 / 7 / 24
 Prorated Fee: \$ _____ Advertising Dates: (2 Consecutive Weeks Prior to Hearing)
3/9/24 & 3/16/24
 Transfer Fee: \$ _____
 Publishing Fee: \$ 30.00 Public Hearing Date: 3 / 26 / 24

Publishing Fee Direct Billed to Applicant:

License Term: 4 / 1 / 2024 Through 9 / 30 / 2024
 Month Day Year Month Day Year

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(f) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant (Business Name): Unlocked Vines LLC

Doing Business As (DBA) / Trade Name: _____

Building to be licensed / Building Address: 485 West View Way
(Address Number, and Suite or Unit Number, and Street or Road Name)
Mills WY 82604 Natrona
City State Zip County

Local Mailing Address: 485 West View Way
(Address Number or PO Box, and Suite or Unit Number, and Street or Road Name)
Mills WY 82604 Natrona
City State Zip County

Local Business Telephone Number: 307 215 9215 Fax Number: _____

Business E-Mail Address: hello@unlockedvines.com

Business Primary Contact: Christopher Volzke
 First Name Last Name

FILING FOR	FILING IN (CHOOSE ONLY ONE)	FILING AS (CHOOSE ONLY ONE)
<input checked="" type="checkbox"/> NEW LICENSE	<input checked="" type="checkbox"/> CITY / TOWN OF: <u>Mills</u>	<input type="checkbox"/> INDIVIDUAL
<input type="checkbox"/> TRANSFER OF LOCATION	<input type="checkbox"/> COUNTY OF: _____	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> TRANSFER OF OWNERSHIP		<input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> LLLP
<input type="checkbox"/> ASSIGNMENT LETTER MUST BE ATTACHED		<input checked="" type="checkbox"/> LLC <input type="checkbox"/> LC
FORMERLY HELD BY: _____		<input type="checkbox"/> CORPORATION (INC)
		<input type="checkbox"/> POLITICAL SUBDIVISION
		<input type="checkbox"/> ORGANIZATION
		<input type="checkbox"/> OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

<input type="checkbox"/> RETAIL LIQUOR LICENSE	<input type="checkbox"/> RESTAURANT LIQUOR LICENSE	<input type="checkbox"/> MICROBREWERY PERMIT
<input type="checkbox"/> PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)	<input type="checkbox"/> BAR AND GRILL LIQUOR LICENSE	<input checked="" type="checkbox"/> WINERY PERMIT
<input type="checkbox"/> ON-PREMISE BAR	<input type="checkbox"/> RESORT LIQUOR LICENSE	<input type="checkbox"/> MANUFACTURER SATELLITE PERMIT
<input type="checkbox"/> OFF-PREMISE PACKAGE STORE	LIMITED RETAIL LIQUOR LICENSE (CLUB)	<input type="checkbox"/> WINERY SATELLITE PERMIT
<input type="checkbox"/> ON & OFF PREMISE BAR & PACKAGE STORE	<input type="checkbox"/> VETERANS CLUB	<input type="checkbox"/> COUNTY MALT BEVERAGE PERMIT
	<input type="checkbox"/> FRATERNAL CLUB	<input type="checkbox"/> SPECIAL MALT BEVERAGE PERMIT
	<input type="checkbox"/> GOLF CLUB	
	<input type="checkbox"/> SOCIAL CLUB	

SPECIAL STATUTORY DESIGNATIONS (CHOOSE ONLY ONE)

<input type="checkbox"/> COMMERCIAL AIRPORT (W.S. 12-4-201(d)(iv))	<input type="checkbox"/> RESORT (W.S. 12-4-401(iv) / 12-5-201(f))
<input type="checkbox"/> GOLF CLUB (W.S. 12-5-201(f))	<input type="checkbox"/> GOLF CLUB-POLIT. SUBDIVISION (W.S. 12-4-301(e) / 12-5-201(f))
<input type="checkbox"/> GUEST RANCH (W.S. 12-5-201(f))	<input type="checkbox"/> Other: _____

OPERATIONAL STATUS (To Assist the Liquor Division with scheduling inspections (W.S. 12-1-101(a)(xxi) / 12-2-301(c) / 12-4-103(a)(iv)))

<input type="checkbox"/> FULL TIME <u>No customer Facing operations</u>	MONTHS OF OPERATION from _____ to _____ <input type="checkbox"/> All Year (Jan-Dec)
<input checked="" type="checkbox"/> SEASONAL	DAYS OF WEEK OF OPERATION from _____ to _____ <input type="checkbox"/> Every Day (Mon-Sun)
<input type="checkbox"/> NON-OPERATIONAL / PARKED	HOURS OF OPERATION from _____ to _____ <input type="checkbox"/> 24 Hours a Day

ALL APPLICANTS MUST COMPLETE QUESTIONS 1-3

1. BUILDING OWNERSHIP: W.S. 12-4-103(a)(III)

Does the Applicant own or lease the licensed building?

- (a) The Applicant **OWNS** the licensed building.
- (b) The Applicant **LEASES** the licensed building.

YES (own)
 YES (lease)

If the building is leased, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page 1 paragraph 2.

Note: The lease term **MUST** continue at least through the term of the liquor license or permit

(ii) Sales provision for alcoholic or malt beverages: located, on page 1 paragraph 1.

Note: The lease **MUST** contain a provision for **SALE OF ALCOHOLIC or MALT BEVERAGES.**

2. LIQUOR BUSINESS CONTROL: W.S. 12-4-601(b)

(a) To operate the liquor business, has the business or license/permit been assigned, leased, transferred or contracted with any other person (entity) to operate and assert total or partial control of the license or permit or the licensed building? YES NO

(b) If the answer was **YES** to 2(a) above, explain fully and submit any documents in connection there within.

3. INTEREST IN LICENSE OR PERMIT: W.S. 12-5-401, 12-5-402, 12-5-403 -

Does any alcohol manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm:

- (a) Hold any interest in the license/permit applied for? YES NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in the business? YES NO
- (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? YES NO
- (d) If the answer was **YES** to any of the above, explain fully and submit any documents in connection there within.

4. RETAIL LIQUOR LICENSE-COUNTY LOCATIONS ONLY: W.S. 12-4-201(f)(ii)

Is the licensed building within five (5) miles of an incorporated town or city? YES NO

5. RETAIL LIQUOR LICENSE-COMMERCIAL SERVICE AIRPORTS ONLY: W.S. 12-4-201(m)

- (a) Will food and beverage services be contracted or subcontracted? YES NO
- 1. If **YES**, is a copy of the food and beverage contract or lease attached? YES NO

6. BAR AND GRILL LICENSE OR RESTAURANT LIQUOR LICENSE ONLY: 12-4-413(a) / W.S. 12-4-407(a)

Is a copy of the valid food service permit or the approved permit application attached? YES NO

7. RESORT LIQUOR LICENSE: W.S. 12-4-401 through W.S. 12-4-403(b)

Does the resort complex:

- (a) Have an actual valuation of at least one million dollars, or have committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) YES NO
- (b) Include a restaurant and a convention facility; a convention facility that will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) YES NO
- (c) Include motel, hotel or privately owned condominium, town house or home accommodations approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) YES NO
- (d) If no on question (c), have a ski resort facility open to the general public in which has been committed or expended not less than 10 million dollars (\$10,000,000.00)? W.S. 12-4-401(b)(iv) YES NO
- (e) Will food and beverage services be contracted or subcontracted? W.S. 12-4-403(b) YES NO
- 1. If **YES** to (e), is a copy of the food and beverage contract or lease attached? YES NO

8. MICROBREWERY PERMIT ONLY: WHOLESALE DISTRIBUTION: W.S. 12-2-201(a)

(a) Will the microbrewery self-distribute its products or distribute through a licensed wholesaler? YES NO

If **YES**, a wholesale malt beverage license from 4 liquor Division will be required.

9. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

FRATERNAL CLUBS W.S. 12-1-101(a)(III)(B)

- (a) Has the fraternal organization been actively operating in at least thirty-six (36) states? YES NO
- (b) Has the fraternal organization been actively in existence for at least twenty (20) years? YES NO

10. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

VETERANS CLUBS W.S. 12-1-101(a)(iii)(A):

- (a) Does the Veteran's organization hold a charter by the Congress of the United States? YES NO
- (b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? YES NO

11. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

GOLF CLUBS W.S. 12-1-101(a)(iii)(D) / W.S. 12-4-301(e):

- (a) Does the golf club have more than fifty (50) bona fide members? YES NO
- (b) Does the Applicant, maintain, or operate a bona fide golf course together with a clubhouse? YES NO
- (c) Is the Applicant a Political Subdivision of the state that owns, maintains, or operates this golf course? YES NO
 - 1. Will food and beverage services be contracted or subcontracted? W.S. 12-4-301(e) YES NO
 - 2. If YES, is a copy of the food and beverage contract or lease attached? YES NO

12. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E) / W.S. 12-4-301(b):

- (a) Does the club have more than one hundred (100) bona fide members who are residents of the county in which the club is located? YES NO
- (b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state? YES NO
- (c) Is the club qualified as a tax-exempt organization under the Internal Revenue Service? YES NO
- (d) Has the club been in continuous operation for a period of not less than one (1) year? YES NO
- (e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues? YES NO
- (f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club? YES NO
- (g) Is a true copy of the club bylaws attached to this application? YES NO
- (h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License? (Petition(s) Attached) YES NO

13. Applicant is Filing As Individual, Partnership, Political Subdivision, Organization or Other: W.S. 12-4-102(a)(ii) & (iii)

Each individual, partner or officer (as applicable) must complete all of the information below. (If more information is required, list on a separate piece of paper and attach to this application.)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip DO NOT LIST PO BOXES	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been convicted within the previous 10 years of:	
					a Felony Violation Relating to Alcoholic Liquor or Malt Beverages?	any Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

14. Applicant is Filing As a Corporation, Limited Company, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102(a)(iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock or ownership of the corporation, limited liability company, limited liability partnership, or limited partnership.

Each Officer, Director or LLC member must complete all of the information below. (If more information is required, list on a separate piece of paper and attach to this application)

Table with columns: True and Correct Name, Date of Birth, Residence Address, Residence Phone Number, No. of Years in Corp or LLC, % of Corporate Stock or Ownership Held, and Have you been convicted within the previous 10 years of: a Felony Violation Relating to Alcoholic Liquor or Malt Beverages?, any Violation Relating to Alcoholic Liquor or Malt Beverages?.

REQUIRED ATTACHMENTS:

- Checkboxes for required attachments: financial condition statement, license transfer form, lease agreements, liquor license application, food/beverage services contract, and golf/social club bylaws.

OATH OR VERIFICATION

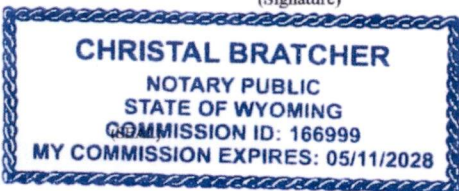
Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers. W.S. 12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

STATE OF WYOMING)
COUNTY OF Natrona) SS.

Signed and sworn to before me on this 21st day of February, 2024 that the facts alleged in the foregoing instrument are true by the following:

- 1) Christopher Volzke, Co-Funding Member
2)
3)
4)
5)



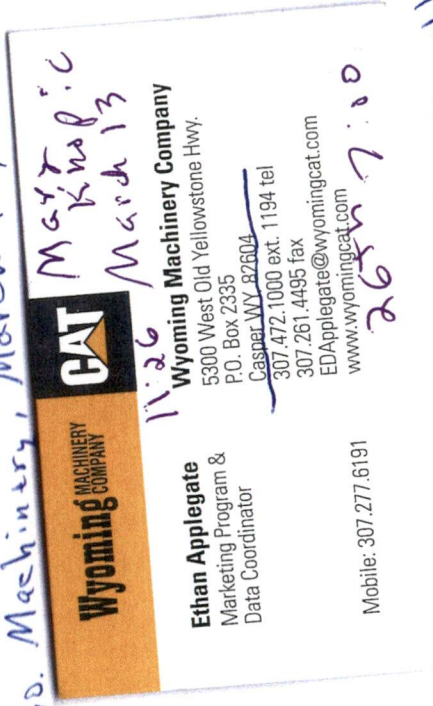
Witness my hand and official seal: Christal Bratcher, Signature of Notary Public
My commission expires: 5/11/28

March 26, 2024
Mills City Council
Mills, Wyo.

To Whom It May Concern:

For 25 years we had the same address:
When the City of Mills Annexed James & Diana
Kommas Wyo. Machinery, was also annexed. We
were told our addresses would stay the same.
Wyo. Machinery said "Financially and Time would
not be viable. They were able to keep the Kompac
same zip code as was the Diana Komma.
Meat Processing c/o James and Diana Komma
Casper, Wyo. 82604

Last week I got the current address:
for Wyo. Machinery, March 13, 2024.



I Diana Komma ordered checks through Hilltop Bank
The checks were returned 3 times, reordered twice
Problem Wrong Address, Only Change
Casper, Wyo 82604

If this is not difficult enough. Sometimes Post Office puts a sticky note on an envelope; sometimes not.

We will state the same argument as Wyo. Machinery

at time of Annexation. Financially, Not Timely or Viable to change all communication with Government or customers

Now the Mailing Post Office Center will stop (PO) Billings Montana will be Wyoming's Distribution (PO)

This Change is Immediate not Pending.

This is our former mailing address on Business Checks and former produces for Hilltop Bank.

To remedy Kompa or James & Diane Komma

We are truly concerned. Not getting our checks.

March 26, 2024

Sincerely
for Komma
Diane Komma

James and Diane Komma

(P.S. Customers sending transactions are also finding it difficult)

KOMPAC, INC.
 PH. 307-234-2626
 715 HARDING AVE
 CASPER, WY 82604-2341

99-119/1023 3164

DATE _____

PAY TO THE ORDER OF _____ \$ _____

HILLTOP BANK
 P.O. BOX 2680 | CASPER, WY 82602
 307.265.2740 | WWW.HILLTOP.BANK

MEMO _____

MP

Security Features Included. Details on Back.

VOID

⑆ 102301199⑆ 10 75071 3164

KOMPAC, INC.
 PH. 307-234-2626
 715 HARDING AVE
 MILLS, WY 82604-2341

99-119/1023 3389

DATE _____

PAY TO THE ORDER OF _____ \$ _____

HILLTOP BANK
 P.O. BOX 2680 | CASPER, WY 82602
 307.265.2740 | WWW.HILLTOP.BANK

MEMO _____

MP

Security Features Included. Details on Back.

VOID

⑆ 102301199⑆ 10 75071 3389



2219 Carey Ave. • Cheyenne, WY 82002



9489 0090 0027

Oct 890-PB, Oct. 2015
Key Bowes

Item #4.



Name: DW
 1st Not: 3-16-24
 2nd Not: _____
 Return: _____

envelope

8260482341 C050



Wyoming State Veterinary Laboratory
Regulatory Serology
1174 Snowy Range Road
Laramie, Wyoming 82070

CHEYENNE WY 820
28 FEB 2024 PM 1 T



Kompac Meat Processing
715 Harding Ave.
Casper, WY 82604

8260482341 C050

