

**REGULAR CITY COUNCIL  
MEETING**

**August 27, 2024**

**7:00 PM**

**City Hall**



**CITY OF MILLS**  
EST. 1921

**Mayor:**

Leah Juarez

**Council President:**

Sara McCarthy

**Council Members:**

Cherie Butcher

Brad Neumiller

Tim Sutherland

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**AGENDA**

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**CALL TO ORDER**

**ROLL CALL**

**PLEDGE OF ALLEGIANCE**

**APPOINTMENT**

- [1.](#) Planning & Zoning Board - Robin Baye

**PUBLIC HEARINGS**

2. Community Development Block Grant

- [3.](#) Liquor License Renewals FY25 -

Backwards Distilling Company, Bayou Liquors, Diesels Bar & Grill, Mountain View Sinclair, Maverik #547, Mountain View Discount Liquors, Hideaway Bar & Package, Uncorked Fine Wine and Spirits, Unlocked Vines, and Wyoming Downs

**CONSENT AGENDA**

**Minutes**

- [4.](#) Council Meeting Minutes 8-13-24

**City Licenses**

- [5.](#) New and Renewal Business/Contractors Licenses

**Financial Approvals**

- [6.](#) Financial Breakdown

- [7.](#) ACH Transactions

8. Transmittal Transactions

- [9.](#) Payroll Fire 7-30-24 to 8-10-24

- [10.](#) Payroll Fire 8-11-24 to 8-22-24

11. Payroll Regular/Police 8-12-24 to 8-25-24

12. Voided Checks

**OPEN DISCUSSION**

**ORDINANCES AND RESOLUTIONS**

**13. RESOLUTION NO 2024-33**

A RESOLUTION AUTHORIZING SUBMISSION OF AN LOCAL GOVERNMENT PROJECT ARPA GRANTS APPLICATION TO THE STATE LOAN AND INVESTMENT BOARD ON BEHALF OF THE GOVERNING BODY FOR THE CITY OF MILLS

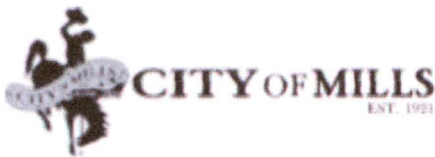
**ADJOURNMENT**

**AGENDA SUBJECT TO CHANGE WITHOUT NOTICE**

**NEXT MEETING** - September 10, 2024 at 7:00pm / September 24, 2024 at 7:00pm

**NEXT WORK SESSION** - September 9, 2024 at 9:00am / September 10, 2024 at 6:00pm

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.



City of Mills  
704 Fourth Street / PO Box 789  
Mills, WY, 82644  
307-234-6679

**RECEIVED**

Item # 1.

AUG 08 2024

**APPLICATION FOR CITY COUNCIL, COMMISSIONS & BOARDS**

We appreciate your interest in wishing to serve your City. We ask your indulgence in completing this brief form so that the City Council can have sufficient information to make an appointment. Please add any other information that might be relevant.

**Please check the box on which you would like to be considered for appointment:**

- City Council 2<sup>nd</sup> & 4<sup>th</sup> Tuesday, 6:00 pm Including Work Sessions  P&Z Board 1<sup>st</sup> Thursday every Month, 5:30 pm
- Clean-up Committee (Meetings held as Needed)  Park Committee (Meetings held as Needed)  Other: \_\_\_\_\_

APPLICANT INFORMATION								
Last Name	Baye			First	Robin		Middle	Wayne
Street Address	566 West View Way							
City	Mills			State	Wyoming		Zip Code	82604
Phone #	951-764-8895		Email	robinbaye@netscape.net				
Employer	Kroger-Retired							
Occupation	Grocery Management							
Years living in Mills?	1.5	Are you a registered voter?	Y	Have you ever been convicted of a felony?	No			

Attendance is important for Mills City Council work at least two meetings a month including work sessions are required plus significant time reading agenda material and gathering information when needed.

Do you think you could meet the goal of an 80% minimum attendance rate in each calendar year?  Yes  No

Why are you interested in serving on the Council/Board?

Our city is one of the fastest growing in the state. Local residents need to participate in the decision making process.

What qualifications, skills, or experiences would you bring to the Council/Board?

I have a strong background in making decisions. I have forty-six years in management working in many different communities. I understand the complex process when growth is the goal.

Please list community topics of particular concern to you that relate to this appointment:

A growing community needs a well thought out plan. Our city has new and old areas that need to be melded together.

Please give a brief description of your involvement in community groups or activities:

Here are a few of the groups I have been active with: Friends of the NRA, Ducks Unlimited Friends of Wister, Wild Turkey Federation, Coached High School Trap and became a AIS Inspector.

If not appointed at this time, may we keep your name on file?  Yes  No

Signature: 

Date: 8-8-24

**The Mayor and Council will conduct interviews prior to making the appointment.**

# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	U6930	
Trf from:		
Reviewer:	Initials	Date
Agent:		/ /
Mgr:		/ /

**To be completed by City / Town / County Clerk** Local License #: U6930

License Fees Annual Fee: \$ 100.00 Date filed with clerk: 7/26/24

Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 8/13/24 & 8/20/24

Transfer Fee: \$ \_\_\_\_\_ Public Hearing Date: 8/27/2024

Publishing Fee: \$ 30.00

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025

Month Day Year Month Day Year

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

Applicant (Business Name): **BACKWARDS DISTILLING COMPANY LLC**

Doing Business As (DBA) / Trade Name: **BACKWARDS DISTILLING COMPANY SATELLITE MILLS**

Building to be licensed / Building Address: **158 PROGRESS CIR**  
**MILLS, WY 82644 NATRONA**

Local Mailing Address: **PO BOX 3067**  
**MILLS, WY 82644**

Local Business Telephone Number: **(307) 472-1275** Fax Number: **(307) 472-1719**

Business E-Mail Address: **bill@backwardsdistilling.com**

Business Primary Contact: Bill Pollock  
First Name Last Name

<b>FILING IN:</b>	<b><u>TOWN OF MILLS</u></b>	<b>FILING AS:</b>	<b><u>LIMITED LIABILITY COMPANY (LLC)</u></b>
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**TYPE OF LICENSE OR PERMIT: SATELLITE MANUFACTURER PERMIT**

**RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)**

ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

**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)))**

FULL TIME MONTHS OF OPERATION from \_\_\_\_\_ to \_\_\_\_\_  All Year (Jan-Dec)

SEASONAL DAYS OF WEEK OF OPERATION: from \_\_\_\_\_ to \_\_\_\_\_  Every Day (Mon-Sun)

NON-OPERATIONAL / PARKED HOURS OF OPERATION MON-SAT 6am to 12am  24 Hours a Day  
SUN from 9am to MIDNIGHT

**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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

- (i) Lease term expiration date; located on page 3 paragraph 4 EXTENDED PER ADDENDUM PARAGRAPH 3

**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 3 paragraph 2

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
<b>(Line 1 + Line 2 must = Line 3)</b>	(Line 3) Gross Sales:	\$ _____	( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
(Line 3) Entertainment Sales:	\$ _____	( _____ )%	
<b>(Line 1 + Line 2 + Line 3 must = Line 4)</b>	(Line 4) Gross Sales:	\$ _____	( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term?  YES  NO  
(W.S. 12-1-101(a)(xix))
- (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO  
If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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  <i>DO NOT LIST PO BOXES</i>	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**15. If the Applicant is Filing As a Corporation, 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)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	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?
William Pollock	[REDACTED]	1244 S. Wolcott St. Casper, WY 82601	(307) 234-1061	11 1/2	25	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Kathy Pollock	[REDACTED]	1244 S. Wolcott St. Casper, WY 82601	(307) 234-1061	11 1/2	25	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Amber Pollock	[REDACTED]	229 W. 11th St. Casper, WY 82601	(307) 259-8008	11 1/2	25	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Chad Pollock	[REDACTED]	1244 S. Wolcott St. Casper, WY 82601	(307) 259-8007	11 1/2	25	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**REQUIRED ATTACHMENTS**

- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill or Restaurant liquor license Applicants, attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

**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 Neutrona ) SS.

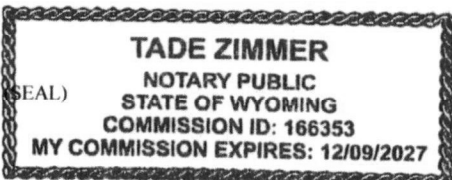
Signed and sworn to before me on this 26 day of July, 2024 that the facts alleged in the foregoing instrument are true by the following:

- |    |                                       |  |                                |
|----|---------------------------------------|--|--------------------------------|
| 1) | <u>William Pollock</u><br>(Signature) | <u>William Pollock</u><br>(Printed Name) | <u>MEMBER / OWNER</u><br>Title |
| 2) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                 |
| 3) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                 |
| 4) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                 |
| 5) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                 |

Witness my hand and official seal:

Tade Zimmer  
Signature of Notary Public

My commission expires: 12/09/2027



# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	B435	
Trf from:		
Reviewer:	Initials	Date
Agent:		/ /
Mgr:		/ /

**To be completed by City / Town / County Clerk** Local License #: B435

License Fees Annual Fee: \$ 1500.00 Date filed with clerk: 7 / 18 / 2024  
 Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 8/13/24 & 8/20/24  
 Transfer Fee: \$ \_\_\_\_\_ Public Hearing Date: 8 / 27 / 2024  
 Publishing Fee: \$ 30.00  
 Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025  
 Month Day Year Month Day Year

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

Applicant (Business Name): BAYOU LIQUORS INC

Doing Business As (DBA) / Trade Name: BAYOU LIQUORS

Building to be licensed / Building Address: 301 PLATTE MILLS, WY 82644 NATRONA

Local Mailing Address: PO BOX 673 MILLS, WY 82644

Local Business Telephone Number: (307) 266-1876 Fax Number: \_\_\_\_\_

Business E-Mail Address: bayouliquors@gmail.com

Business Primary Contact: Joshua Carson  
 First Name Last Name

**FILING IN:** TOWN OF MILLS **FILING AS:** CORPORATION (INC)

**TYPE OF LICENSE OR PERMIT:** RETAIL LIQUOR LICENSE

**RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)**  
 ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

**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)))**  
 FULL TIME MONTHS OF OPERATION from Jan to Dec  All Year (Jan-Dec)  
 SEASONAL DAYS OF WEEK OF OPERATION: from Mon to Sun  Every Day (Mon-Sun)  
 NON-OPERATIONAL / PARKED HOURS OF OPERATION from 7am to 2:30am  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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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? [x] 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 [x] NO
1. If YES to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division? [ ] YES [ ] NO
2. If NO to (a) (1.), please attach a copy of the current contract.

6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408

- (a) Gross sales figures and percentages of income derived from: (Line 1) Liquor Sales: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)
(Line 2) Food Sales: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)
(Line 3) Gross Sales: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)
(Line 1 + Line 2 must = Line 3)
(b) Is a copy of the valid food service permit or the approved permit application attached? [ ] YES [ ] NO

7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)

- (a) Gross sales figures and percentages of income derived from: (Line 1) Liquor Sales: \$ 540,779.02 ( 79.02 %)
(Line 2) Food Sales: \$ 126,445.80 ( 18.47 %)
(Line 3) Entertainment Sales: \$ 17,242.40 ( 2.51 %)
(Line 4) Gross Sales: \$ 684,467.22 ( 100 %)
(b) Is a copy of the valid food service permit or the approved permit application attached? [x] YES [ ] NO

8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? [ ] YES [ ] NO
(W.S. 12-1-101(a)(xix))
(b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? [ ] YES [ ] NO
(W.S. 12-2-201(a))
If YES, a wholesale malt beverage license from the Liquor Division will be required.

9. 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 current food and beverage contract on file with the licensing authority and Liquor Division? [ ] YES [ ] NO
2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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 <b>DO NOT LIST PO BOXES</b>	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

15. If the Applicant is Filing As a Corporation, 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? Handwritten entry for Joshua Carson.

REQUIRED ATTACHMENTS

- Checkboxes for attachments: A copy of any lease agreements, Bar & Grill or Restaurant liquor license Applicants, If food and beverage services will be contracted or subcontracted.

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.

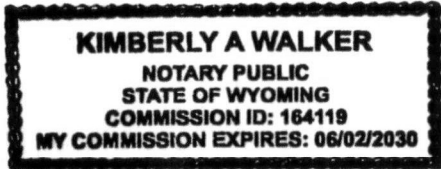
STATE OF WYOMING )
COUNTY OF Natrona ) SS.

Signed and sworn to before me on this 16 day of July, 2024 that the facts alleged in the foregoing instrument are true by the following:

- 1) Signature of Josh Carson, Printed Name: Josh Carson, Title: Owner
2) (Signature) (Printed Name) (Title)
3) (Signature) (Printed Name) (Title)
4) (Signature) (Printed Name) (Title)
5) (Signature) (Printed Name) (Title)

Witness my hand and official seal: Kimberly A Walker Signature of Notary Public

(SEAL) My commission expires: 6/2/2030



# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	B7149		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

**To be completed by City / Town / County Clerk** Local License #: B7149

License Fees  
 Annual Fee: \$ 1500.00 Date filed with clerk: 7/31/2024  
 Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing)  
8/13/2024 & 8/20/2024  
 Transfer Fee: \$ \_\_\_\_\_  
 Publishing Fee: \$ 30.00 Public Hearing Date: 8/27/2024

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025  
 Month Day Year Month Day Year

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

Applicant (Business Name): HINDSITE INVESTMENTS

Doing Business As (DBA) / Trade Name: DIESELS BAR & GRILL

Building to be licensed / Building Address: 525 SW WYOMING BLVD  
MILLS, WY 82644 NATRONA

Local Mailing Address: PO BOX 1541  
CASPER, WY 82602

Local Business Telephone Number: (307) 259-2382 Fax Number: \_\_\_\_\_

Business E-Mail Address: kenholloway1207@gmail.com

Business Primary Contact: Kenneth Holloway  
 First Name Last Name

<b>FILING IN:</b>	<u>TOWN OF MILLS</u>	<b>FILING AS:</b>	<u>CORPORATION (INC)</u>
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**TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE**

RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)

ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

\_\_\_\_\_

**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)))**

FULL TIME MONTHS OF OPERATION from JAN to DEC  All Year (Jan-Dec)

SEASONAL DAYS OF WEEK OF OPERATION: from MON to SUN  Every Day (Mon-Sun)

NON-OPERATIONAL / PARKED HOURS OF OPERATION from 11AM to 2AM  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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
<b>(Line 1 + Line 2 must = Line 3)</b>	(Line 3) Gross Sales:	\$ _____	( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
(Line 3) Entertainment Sales:	\$ _____	( _____ )%	
<b>(Line 1 + Line 2 + Line 3 must = Line 4)</b>	(Line 4) Gross Sales:	\$ _____	( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? (W.S. 12-1-101(a)(xix))  YES  NO
  - (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO
- If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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)(ii)  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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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 <b>DO NOT LIST PO BOXES</b>	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 NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**15. If the Applicant is Filing As a Corporation, 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)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	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?
Kenneth W Holloway	[REDACTED]	2750 Belmont Casper, WY 82601	307-259 2381	2	34	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Joseph Campbell	[REDACTED]	5313 Antelope Bar Nunn, WY 82604	307-267 2932	2	33	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Steve Loftin	[REDACTED]	6471 White Deer Tr Casper, WY 82604	307-267 7400	2	35	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**REQUIRED ATTACHMENTS**

- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill or Restaurant liquor license Applicants, attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

**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.

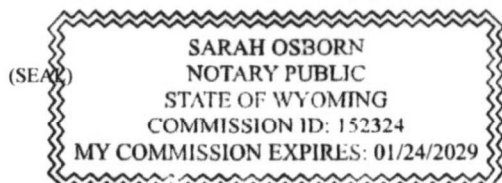
Signed and sworn to before me on this 31 day of July, 2024 that the facts alleged in the foregoing instrument are true by the following:

- |    |                                   |  |                       |
|----|-----------------------------------|--|-----------------------|
| 1) | <u>[Signature]</u><br>(Signature) | <u>Kenneth W. Holloway</u><br>(Printed Name) | <u>OWNER</u><br>Title |
| 2) | <u>[Signature]</u><br>(Signature) | <u>Joseph Campbell</u><br>(Printed Name)     | <u>owner</u><br>Title |
| 3) | _____<br>(Signature)              | _____<br>(Printed Name)                      | _____<br>Title        |
| 4) | _____<br>(Signature)              | _____<br>(Printed Name)                      | _____<br>Title        |
| 5) | _____<br>(Signature)              | _____<br>(Printed Name)                      | _____<br>Title        |

Witness my hand and official seal:

[Signature]  
Signature of Notary Public

My commission expires: 1/24/29



# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	A7090		
Trf from:	_____		
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

**To be completed by City / Town / County Clerk** Local License #: A 7090

License Fees Annual Fee: \$ 1500.00 Date filed with clerk: 7/18/2024

Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 8/13/24 & 8/20/24

Transfer Fee: \$ \_\_\_\_\_ Public Hearing Date: 8/27/2024

Publishing Fee: \$ 30.00

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025

Month Day Year Month Day Year

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

Applicant (Business Name): HOMAX OIL SALES INC

Doing Business As (DBA) / Trade Name: MOUNTAIN VIEW SINCLAIR

Building to be licensed / Building Address: 5076 W YELLOWSTONE HWY  
MILLS, WY 82604 NATRONA

Local Mailing Address: 605 S POPLAR ST  
CASPER, WY 82601

Local Business Telephone Number: (307) 237-5800 Fax Number: (307) 237-6144

Business E-Mail Address: jhomer@homaxoil.com

Business Primary Contact: Jessica Homer  
First Name Last Name

<b>FILING IN:</b>	<u>TOWN OF MILLS</u>	<b>FILING AS:</b>	<u>LIMITED LIABILITY COMPANY (LLC)</u>
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**TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE**

**RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)**

ON-PREMISE BAR  OFF-PREMISE PACKAGE STORE  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

**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)))**

FULL TIME MONTHS OF OPERATION from \_\_\_\_\_ to \_\_\_\_\_  All Year (Jan-Dec)

SEASONAL DAYS OF WEEK OF OPERATION: from \_\_\_\_\_ to \_\_\_\_\_  Every Day (Mon-Sun)

NON-OPERATIONAL / PARKED HOURS OF OPERATION from 6a to 10p  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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
- 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales: \$ _____ ( _____ %)	
(Line 2) Food Sales: \$ _____ ( _____ %)	
<b>(Line 1 + Line 2 must = Line 3)</b>	(Line 3) Gross Sales: \$ _____ ( _____ %)
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales: \$ _____ ( _____ %)	
(Line 2) Food Sales: \$ _____ ( _____ %)	
(Line 3) Entertainment Sales: \$ _____ ( _____ %)	
<b>(Line 1 + Line 2 + Line 3 must = Line 4)</b>	(Line 4) Gross Sales: \$ _____ ( _____ %)
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? (W.S. 12-1-101(a)(xix))  YES  NO
  - (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO
- If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
- 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  
1. If NO to (g), please attach a current copy the club bylaws.  YES  NO
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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 <i>DO NOT LIST PO BOXES</i>	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

15. If the Applicant is Filing As a Corporation, 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 8 columns: True and Correct Name, Date of Birth, Residence Address No. & Street City, State & Zip, Residence Phone Number, No. of Years in Corp or LLC, % of Corporate Stock or Ownership Held, 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? Handwritten entry for Darin W Homer.

REQUIRED ATTACHMENTS

- Checkboxes for attachments: A copy of any lease agreements, Bar & Grill or Restaurant liquor license Applicants, If food and beverage services will be contracted or subcontracted.

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.

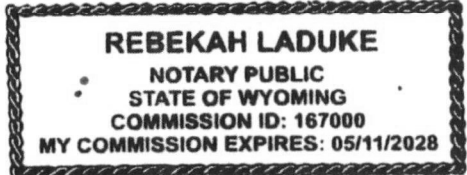
STATE OF WYOMING )
COUNTY OF Natrona )

Signed and sworn to before me on this 24 day of June, 2024 that the facts alleged in the foregoing instrument are true by the following:

- 1) [Signature] (Signature) Darin W Homer (Printed Name) Pres & Def (Title)
2) (Signature) (Printed Name) (Title)
3) (Signature) (Printed Name) (Title)
4) (Signature) (Printed Name) (Title)
5) (Signature) (Printed Name) (Title)

Witness my hand and official seal: [Signature] Signature of Notary Public

(SEAL) My commission expires: 5/11/28



# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	A3664		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

**To be completed by City / Town / County Clerk**

Local License #: A 3664

License Fees: Annual Fee: \$ 1500.00 Date filed with clerk: 7 18 2024

Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 8/13/2024 & 8/20/2024

Transfer Fee: \$ \_\_\_\_\_ Public Hearing Date: 8 1 27 2024

Publishing Fee: \$ 30.00

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025

Month Day Year Month Day Year

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

Applicant (Business Name): MAVERIK INC

Doing Business As (DBA) / Trade Name: MAVERIK #547

Building to be licensed / Building Address: 4651 W YELLOWSTONE HWY  
MILLS, WY 82644 NATRONA

Local Mailing Address: 185 S STATE ST STE 800  
SALT LAKE CITY, UT 84111

Local Business Telephone Number: (307) 237-0886 Fax Number: (801) 936-1165

Business E-Mail Address: licensing@maverik.com

Business Primary Contact: Utahna Archuleta  
First Name Last Name

<b>FILING IN:</b>	<u>TOWN OF MILLS</u>	<b>FILING AS:</b>	<u>CORPORATION (INC)</u>
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**TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE**

RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)

ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

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)))

FULL TIME MONTHS OF OPERATION from \_\_\_\_\_ to \_\_\_\_\_  All Year (Jan-Dec)

SEASONAL DAYS OF WEEK OF OPERATION: from \_\_\_\_\_ to \_\_\_\_\_  Every Day (Mon-Sun)

NON-OPERATIONAL / PARKED HOURS OF OPERATION from 10am to 2am  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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
- 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

(a) Gross sales figures and percentages of income derived from:

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
(Line 3) Gross Sales:	\$ _____	( _____ )%	

(Line 1 + Line 2 must = Line 3)

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

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

(a) Gross sales figures and percentages of income derived from:

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
(Line 3) Entertainment Sales:	\$ _____	( _____ )%	
(Line 4) Gross Sales:	\$ _____	( _____ )%	

(Line 1 + Line 2 + Line 3 must = Line 4)

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

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? (W.S. 12-1-101(a)(xix))  YES  NO
  - (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO
- If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
- 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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 <b>DO NOT LIST PO BOXES</b>	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**15. If the Applicant is Filing As a Corporation, 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)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	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?
Please see attached						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>

**REQUIRED ATTACHMENTS**

- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill or Restaurant liquor license Applicants, attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

**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 UTAH )  
~~STATE OF WYOMING~~ )  
COUNTY OF Salt Lake ) ss.

Signed and sworn to before me on this 1 day of July, 2024 that the facts alleged in the foregoing instrument are true by the following:

- 1) Crystal Maggelet (Signature) Crystal Maggelet (Printed Name) CEO Title
- 2) Tyler Call (Signature) Tyler Call (Printed Name) CFO/VP Title
- 3) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ Title
- 4) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ Title
- 5) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ Title

Witness my hand and official seal:



[Signature]  
Signature of Notary Public

My commission expires: 01/28/2028

Name	DOB	Address	Phone #	No. of years in Corp.	%Stock	Have you been convicted of a felony	Convicted of a violation relating to alcoholic liquor or malt beverages
M. Thomas Schofield	[REDACTED]	1527 W Lindsay Marie Circle, Riverton, UT 84065	801-494-3759	0	0.0%	No	No
John Hillam	[REDACTED]	1801 So. 200W. Kaysville, UT 84037	801-447-9065	12	0.0%	No	No
Crystal Maggelet	[REDACTED]	4 E. Dartmoor Lane Salt Lake City, UT 84103	801-624-3701	11	65.2%	No	No
Tyler Call	[REDACTED]	2269 W. 600 N. Kaysville, UT 83047	801-928-4305	4	0.0%	No	No
Other Stockholders >10%					34.8%		
					100.0%		



# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	B70094		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/ /	/ /
Mgr:		/ /	/ /

**To be completed by City / Town / County Clerk** Local License #: 1570094

License Fees  
 Annual Fee: \$ 1500.00 Date filed with clerk: 7/18/2024  
 Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing)  
8/13/24 & 8/20/24  
 Transfer Fee: \$ \_\_\_\_\_  
 Publishing Fee: \$ 30.00 Public Hearing Date: 8/27/2024

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025  
 Month Day Year Month Day Year

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

Applicant (Business Name): THOLLHOUSE LLC

Doing Business As (DBA) / Trade Name: HIDEAWAY BAR AND PACKAGE

Building to be licensed / Building Address: 211 RIVERVIEW AVE  
MILLS, WY 82644 NATRONA

Local Mailing Address: 1470 HAZELWOOD DR  
CASPER, WY 82609

Local Business Telephone Number: (307) 277-2760 Fax Number: \_\_\_\_\_

Business E-Mail Address: hideawaybarandpackage@gmail.com

Business Primary Contact: Keith Tholl  
 First Name Last Name

<b>FILING IN:</b>	<u>TOWN OF MILLS</u>	<b>FILING AS:</b>	<u>LIMITED LIABILITY COMPANY (LLC)</u>
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**TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE**

RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)

ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS** (NONE IF BLANK)

\_\_\_\_\_

**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)))

FULL TIME MONTHS OF OPERATION from \_\_\_\_\_ to \_\_\_\_\_  All Year (Jan-Dec)

SEASONAL DAYS OF WEEK OF OPERATION: from \_\_\_\_\_ to \_\_\_\_\_  Every Day (Mon-Sun)

NON-OPERATIONAL / PARKED HOURS OF OPERATION from 9am to 2am  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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
- 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
<b>(Line 1 + Line 2 must = Line 3)</b>	(Line 3) Gross Sales:	\$ _____	( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%	
(Line 2) Food Sales:	\$ _____	( _____ )%	
(Line 3) Entertainment Sales:	\$ _____	( _____ )%	
<b>(Line 1 + Line 2 + Line 3 must = Line 4)</b>	(Line 4) Gross Sales:	\$ _____	( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? (W.S. 12-1-101(a)(xix))  YES  NO
  - (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO
- If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
- 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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 <i>DO NOT LIST PO BOXES</i>	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"/>

**15. If the Applicant is Filing As a Corporation, 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)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <b>DO NOT LIST PO BOXES</b>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	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?
Keith Andrew Tholl	[REDACTED]	1470 Hazelwood Dr Casper, WY 82609	307-277-2766 2766	0	100%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**REQUIRED ATTACHMENTS**

- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill or Restaurant liquor license Applicants, attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

**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.

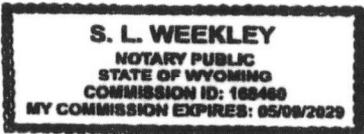
STATE OF WYOMING )  
 ) SS.  
COUNTY OF Natrona )

Signed and sworn to before me on this 18 day of July, 2024 that the facts alleged in the foregoing instrument are true by the following:

1)	<u>Keith Tholl</u>	<u>Member</u>
(Signature)	(Printed Name)	Title
2) _____	_____	_____
(Signature)	(Printed Name)	Title
3) _____	_____	_____
(Signature)	(Printed Name)	Title
4) _____	_____	_____
(Signature)	(Printed Name)	Title
5) _____	_____	_____
(Signature)	(Printed Name)	Title

Witness my hand and official seal: Signature of Notary Public

(SEAL)



My commission expires: 5/8/29

# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	B1300		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

**To be completed by City / Town / County Clerk**

Local License #: B1300

License Fees: Annual Fee: \$ 1500.00 Date filed with clerk: 7/31/2024

Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 8/13/24 & 8/20/24

Transfer Fee: \$ \_\_\_\_\_ Public Hearing Date: 8/27/2024

Publishing Fee: \$ 30.00

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025

Month Day Year Month Day Year

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

Applicant (Business Name): CUNDYBIZ LLP

Doing Business As (DBA) / Trade Name: UNCORKED FINE WINE AND SPIRITS

Building to be licensed / Building Address: 5700 POISON SPIDER RD  
MILLS, WY 82644 NATRONA

Local Mailing Address: PO BOX 2590  
MILLS, WY 82644

Local Business Telephone Number: (307) 473-8912 Fax Number: (307) 472-1706

Business E-Mail Address: spa@cundy.biz

Business Primary Contact: Dawn Hogue  
First Name Last Name

<b>FILING IN:</b>	<u>TOWN OF MILLS</u>	<b>FILING AS:</b>	<u>LIMITED LIABILITY PARTNERSHIP (LLP)</u>
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**TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE**

**RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)**

ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

**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)))**

FULL TIME | MONTHS OF OPERATION from Jan to Dec  All Year (Jan-Dec)

SEASONAL | DAYS OF WEEK OF OPERATION: from Mon to Sat  Every Day (Mon-Sun)

NON-OPERATIONAL / PARKED | HOURS OF OPERATION from 10am to 10pm  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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%
(Line 2) Food Sales:	\$ _____	( _____ )%
<b>(Line 1 + Line 2 must = Line 3)</b>	(Line 3) Gross Sales:	\$ _____ ( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%
(Line 2) Food Sales:	\$ _____	( _____ )%
(Line 3) Entertainment Sales:	\$ _____	( _____ )%
<b>(Line 1 + Line 2 + Line 3 must = Line 4)</b>	(Line 4) Gross Sales:	\$ _____ ( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? (W.S. 12-1-101(a)(xix))  YES  NO
  - (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO
- If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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  <b>DO NOT LIST PO BOXES</b>	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?
Bradley Cundy	[REDACTED]	291 Indian Paintbrush Cooper, WA	307- 680-9980	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Janette Cundy	[REDACTED]	291 Indian Paintbrush # 6 Cooper	307-680- 9981	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**15. If the Applicant is Filing As a Corporation, 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)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**REQUIRED ATTACHMENTS**

- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill or Restaurant liquor license Applicants, attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

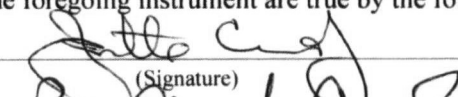
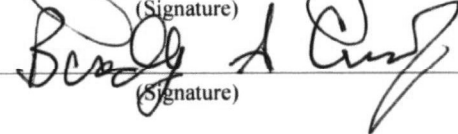
**OATH OR VERIFICATION**

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)

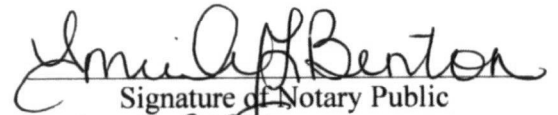
*Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.*

STATE OF WYOMING )  
 ) SS.  
COUNTY OF Natrona )

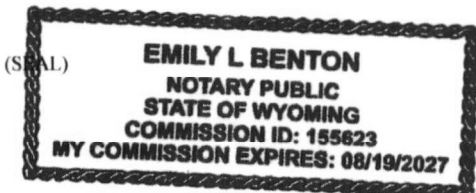
Signed and sworn to before me on this 30<sup>th</sup> day of July, 2024 that the facts alleged in the foregoing instrument are true by the following:

- |    |  |  |                         |
|----|--|--|-------------------------|
| 1) | <br>(Signature) | <u>Janette Cundy</u><br>(Printed Name) | <u>Partner</u><br>Title |
| 2) | <br>(Signature) | <u>Bradley Cundy</u><br>(Printed Name) | <u>partner</u><br>Title |
| 3) | _____<br>(Signature)   | _____<br>(Printed Name)                | _____<br>Title          |
| 4) | _____<br>(Signature)   | _____<br>(Printed Name)                | _____<br>Title          |
| 5) | _____<br>(Signature)   | _____<br>(Printed Name)                | _____<br>Title          |

Witness my hand and official seal:

  
Signature of Notary Public

My commission expires: August 19, 2027





# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	O70090		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

**To be completed by City / Town / County Clerk** Local License #: 070090

License Fees  
 Annual Fee: \$ 500.00 Date filed with clerk: 7/22/24  
 Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 8/13/24 & 8/20/24  
 Transfer Fee: \$ \_\_\_\_\_ Public Hearing Date: 8/27/24  
 Publishing Fee: \$ 30.00

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025  
 Month Day Year Month Day Year

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) 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: UNLOCKED VINES

Building to be licensed / Building Address: 485 WEST VIEW WAY  
MILLS, WY 82604 NATRONA

Local Mailing Address: 485 WEST VIEW WAY  
MILLS, WY 82604

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 IN:** TOWN OF MILLS **FILING AS:** LIMITED LIABILITY COMPANY (LLC)

**TYPE OF LICENSE OR PERMIT:** WINERY PERMIT

**RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)**  
 ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

**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)))**

FULL TIME MONTHS OF OPERATION from \_\_\_\_\_ to \_\_\_\_\_  All Year (Jan-Dec)  
 SEASONAL DAYS OF WEEK OF OPERATION: from \_\_\_\_\_ to \_\_\_\_\_  Every Day (Mon-Sun)  
 NON-OPERATIONAL / PARKED HOURS OF OPERATION from \_\_\_\_\_ to \_\_\_\_\_  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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%
(Line 2) Food Sales:	\$ _____	( _____ )%
<b>(Line 1 + Line 2 must = Line 3)</b>	(Line 3) Gross Sales:	\$ _____ ( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%
(Line 2) Food Sales:	\$ _____	( _____ )%
(Line 3) Entertainment Sales:	\$ _____	( _____ )%
<b>(Line 1 + Line 2 + Line 3 must = Line 4)</b>	(Line 4) Gross Sales:	\$ _____ ( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? (W.S. 12-1-101(a)(xix))  YES  NO
  - (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO
- If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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 <i>DO NOT LIST PO BOXES</i>	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

15. If the Applicant is Filing As a Corporation, 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 7 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. (Sub-headers: a Felony Violation Relating to Alcoholic Liquor or Malt Beverages?, any Violation Relating to Alcoholic Liquor or Malt Beverages?). Rows include Christopher Volzke and Angela Volzke.

REQUIRED ATTACHMENTS

- Checkboxes for attachments: A copy of any lease agreements, Bar & Grill or Restaurant liquor license Applicants, If food and beverage services will be contracted or subcontracted.

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 22nd day of July, 2024 that the facts alleged in the foregoing instrument are true by the following:

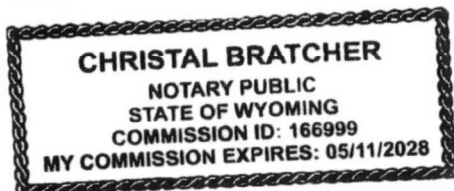
- 1) Christopher Volzke, Co Founding member
2)
3)
4)
5)

Witness my hand and official seal:

Signature of Notary Public: Christal Bratcher-Bratcher

(SEAL)

My commission expires: 5/11/28



# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	C7188		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

**To be completed by City / Town / County Clerk** Local License #: C7188

License Fees Annual Fee: \$ 1500.00 Date filed with clerk: 7/18/2024

Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 8/13/24 & 8/20/24

Transfer Fee: \$ \_\_\_\_\_ Publishing Fee: \$ 30.00 Public Hearing Date: 8/27/2024

Publishing Fee Direct Billed to Applicant:

License Term: 10/15/2024 Through 10/14/2025

Month Day Year Month Day Year

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

Applicant (Business Name): WYOMING DOWNS OTB20 LLC

Doing Business As (DBA) / Trade Name: WYOMING DOWNS OTB20

Building to be licensed / Building Address: 4100 W YELLOWSTONE HWY  
MILLS, WY 82644 NATRONA

Local Mailing Address: 2905 LAKE EAST DR STE 150  
LAS VEGAS, NV 89117

Local Business Telephone Number: (702) 425-5440 Fax Number: \_\_\_\_\_

Business E-Mail Address: tlacock@wydowns.com

Business Primary Contact: Traci Lacock  
First Name Last Name

<b>FILING IN:</b>	<u>TOWN OF MILLS</u>	<b>FILING AS:</b>	<u>LIMITED LIABILITY COMPANY (LLC)</u>
-------------------	----------------------	-------------------	--

**TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE**

**RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)**

ON-PREMISE BAR |  OFF-PREMISE PACKAGE STORE |  ON & OFF PREMISE BAR & PACKAGE STORE

**SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)**

\_\_\_\_\_

**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 checked="" type="checkbox"/> FULL TIME	MONTHS OF OPERATION	from _____ to _____	<input checked="" type="checkbox"/> All Year (Jan-Dec)
<input type="checkbox"/> SEASONAL	DAYS OF WEEK OF OPERATION:	from _____ to _____	<input checked="" type="checkbox"/> Every Day (Mon-Sun)
<input type="checkbox"/> NON-OPERATIONAL / PARKED	HOURS OF OPERATION	from <u>0:30A</u> to <u>2:30A</u>	<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.  YES (own)
- (b) The Applicant **LEASES** the licensed building.  YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division.  YES  NO

If the building is leased and the lease is not current, please submit a copy of the lease and indicate:

(i) Lease term expiration date; located on page \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 \_\_\_\_\_ paragraph \_\_\_\_\_.

**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 to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (a) (1.), please attach a copy of the current contract.

**6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%
(Line 2) Food Sales:	\$ _____	( _____ )%
<b>(Line 1 + Line 2 must = Line 3)</b>	(Line 3) Gross Sales:	\$ _____ ( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)**

- (a) Gross sales figures and percentages of income derived from:
 

(Line 1) Liquor Sales:	\$ _____	( _____ )%
(Line 2) Food Sales:	\$ _____	( _____ )%
(Line 3) Entertainment Sales:	\$ _____	( _____ )%
<b>(Line 1 + Line 2 + Line 3 must = Line 4)</b>	(Line 4) Gross Sales:	\$ _____ ( _____ )%
- (b) Is a copy of the valid food service permit or the approved permit application attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION**

- (a) Did the microbrewery at this location produce at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? (W.S. 12-1-101(a)(xix))  YES  NO
  - (b) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a))  YES  NO
- If YES, a wholesale malt beverage license from the Liquor Division will be required.

**9. 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 current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 2. If NO to (e) (1.), please attach a copy of the current contract.

**10. 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

**11. 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

**12. 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 to (c) (1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division?  YES  NO
  - 3. If NO to (c) (1.), please attach a copy of the current contract.

**13. 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 social 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 on file with the licensing authority and Liquor Division?  YES  NO
  - 1. If NO to (g), please attach a current copy the club bylaws.
- (h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached?  YES  NO

**14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other W.S. 12-4-102(a) (ii) & (iii)**

**Each individual, partner or club officer 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 <i>DO NOT LIST PO BOXES</i>	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**15. If the Applicant is Filing As a Corporation, 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)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	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?
Ron Winchell	[REDACTED]	42 Soaring Bird Ct. Las Vegas, NV 89135	702-400-3670	2 1/2 yr	100%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**REQUIRED ATTACHMENTS**

- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill or Restaurant liquor license Applicants, attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

**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.

Nevada  
STATE OF ~~WYOMING~~ )  
COUNTY OF Clark ) SS.

Signed and sworn to before me on this 8 day of July, 2027 that the facts alleged in the foregoing instrument are true by the following:

- |    |                                    |                                       |                         |
|----|------------------------------------|---------------------------------------|-------------------------|
| 1) | <u>Ron Winchell</u><br>(Signature) | <u>Ron Winchell</u><br>(Printed Name) | <u>Manager</u><br>Title |
| 2) | _____<br>(Signature)               | _____<br>(Printed Name)               | _____<br>Title          |
| 3) | _____<br>(Signature)               | _____<br>(Printed Name)               | _____<br>Title          |
| 4) | _____<br>(Signature)               | _____<br>(Printed Name)               | _____<br>Title          |
| 5) | _____<br>(Signature)               | _____<br>(Printed Name)               | _____<br>Title          |

Witness my hand and official seal:

[Signature]  
Signature of Notary Public

(SEAL)

My commission expires: 4/26/27





**REGULAR CITY COUNCIL  
MEETING**

**August 13, 2024**

**7:00 PM**

**City Hall**



**CITY OF MILLS**  
EST. 1921

**Mayor:**  
Leah Juarez  
**Council President:**  
Sara McCarthy  
**Council Members:**  
Cherie Butcher  
Brad Neumiller  
Tim Sutherland

**MINUTES**

**CALL TO ORDER**

Mayor called the meeting to order at 7:01 pm

**ROLL CALL**

Present:

- Mayor Juarez
- President McCarthy
- Council Butcher
- Council Neumiller
- Council Sutherland

**PLEDGE OF ALLEGIANCE**

**PUBLIC HEARINGS**

Mayor closed the Council Meeting at 7:02pm

Mayor opened the Public Hearing at 7:02pm

1. The Oregon Trail Liquor License Transfer

Mayor Juarez declared the Public Hearing open for consideration of the Liquor License transfer from D's Oregon Trail Bar to Klaus W. Conrad Jr. DBA The Oregon Trail Bar. The hearing will be conducted in accordance with state statute, Mills Council Procedures and other applicable laws. The hearing has been set and advertised in accordance with the statutes. The Mayor asked those individuals who wish to address council on this issue to approach the lectern and state your name and for the record. The Mayor asked if we had a report from the staff on this item. The City Clerk stated that The Oregon Trail Bar is compliant with both the city and Wyoming Liquor Division. The Mayor asked three times if there was anyone in the audience who wishes to speak in favor of this item. No one came forward. The Mayor asked three times if there was anyone in the audience who wishes to speak in opposition of this item. No one came forward. There being no others to speak for or against this item, The Mayor declared the public hearing closed at 7:06pm.

Mayor re-opened the Regular Council Meeting at 7:06pm

**CONSENT AGENDA Brad Tim**

**Minutes**

2. Council Meeting Minutes 7-23-24

**City Licenses**

- 3. New and Renewal Business and Contractors Licenses

**Financial Approvals**

- 4. Treasurer's Report
- 5. Investment Accounts
- 6. Court Income
- 7. Financial Breakdown
- 8. Transmittal Transactions
- 9. Payroll Regular/Police 7-15-24 to 7-28-24
- 10. Payroll Fire 7-18-24 to 7-29-24
- 11. Payroll Regular/Police 7-29-24 to 8-11-24
- 12. Voided Checks

Motion made by Council Member Neumiller to approve, Seconded by Council Member Sutherland.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, Council Member Neumiller, Council Member Sutherland

**OPEN DISCUSSION**

Harold Wahl – 522 Midwest Ave – Mr. Wahl came to council to complain about the dogs barking in his neighborhood. He said the dogs are barking all night long and wanted to know if we have a noise ordinance that would cover dog barking. He said he had called the police department over the weekend, they came out Sunday and took a report. He was unaware of how many dogs you could have in city limits. The Council confirmed you could have 5 animals total. He asked if we could change the ordinance to less dogs, 5 dogs is too many. The Mayor told Mr. Wahl we would look into how many dogs his neighbor has and we will also look into the current ordinance. President McCarthy asked the Police Chief about after hours barking. Chief responded that the dogs barking would be a breach of peace. The Mayor assured Mr. Wahl that we would look into the situation. In the meantime we would have officers put a little more emphasis on his area.

Scott Clamp – 720 Wasatch – Mr. Clamp asked about allowing business licenses to be renewed on a 3-5 year basis instead of 1 year. If a business leaves before the 5 years is up, the city could keep the money. The Mayor informed Mr. Clamp that the business licenses are free, the fire inspection is not free. Mr. Clamp recalls having to pay for his business license before the fire inspection was completed. The Mayor said Mr. Clamp was correct, but now with this council, the business license is free and we charge for the fire inspection. If you run a business and you are a fire hazard, the city needs to keep an eye on all hazards and make sure fire inspections are completed. Mr. Clamp explained that his business does not have foot traffic, they just sell stuff. He asked if there was any way to stretch the self-inspections from 1 to several years. President McCarthy responded that things tend to change within a year, our fire inspections need to be every year so we can make sure the public is safe. The Mayor explained to Mr. Clamp that we allowed a lawn company to store flammable fuels and mulch and no one checked on it in 3 years because they don't view that as flammable or hazardous.

Jim Sullivan – 5585 Poison Spider – Mr. Sullivan currently owns Sullivan Trucking at 5585 Poison Spider and is opening a new company Wyoming Tree Service. When he dropped the application off, the office wanted him to pay \$45, but he had already had a self-assessment fire inspection completed for his trucking company. The Mayor started by saying she was happy this came up and it helps us to better understand the situation and that the

Fire Chief addressed the issue and feels the same way, Mr. Sullivan should not have to pay twice. Both businesses are established under the same roof. It would be 1 application but the 2 businesses and 1 self-assessment fire inspection. She told Mr. Sullivan that he is correct and that we agree, the fire chief agrees and he does not need to pay the additional \$45. The Mayor told Mr. Sullivan she really appreciate him coming forward with his concern. Mr. Sullivan requests that the council approves his business application. The Mayor responded, that we already approved it.

The Mayor asked the City Clerk to make sure that the license gets completed.

John Gudger – 827 Fossil Butte – Wanted to know if the city could simplify a couple of things regarding the application process. Mr. Gudger had concerns about the Home Occupation Permit application and requested that the city provides clear documentation attached to the application. He was concerned about where to find the documentation for Home Occupation Permits. He asked that the city provide an easy search link on the website. He said there has been some confusion about whether there is a fee or not. His understanding is that there is an administration fee of \$25 or \$45, he would like it to be clarified that the fee is a separation from an inspection from the fire marshal. He said he had talked to the fire marshal and he does not need an inspection because he is not open to the public. Mr. Gudger also expressed concern about the front office and the information that is given is inconsistent. He questioned businesses and vendors at Summerfest and the Art Walk. Questioned if those businesses abide by the same rules. Stated that it should be clarified. He said there are concerns of unfair practices in regards to vendor events. President McCarthy asked Mr. Gudger to clarify his vendor question and their concerns. Mr. Gudger responded that there is confusion about vendors having to pay a fee and the requirements are not easily findable. Asked if Summerfest or Art Festival vendors have to pay or provide the same application to the city. President McCarthy responded that yes, the vendors do pay a fee for each festival and there is a form that they have to complete. Mr. Gudger continued on to ask the council, until things are clarified, a friend of his had been threatened that they would be blacklisted on Facebook. The Mayor explained that we identify businesses which are different than home occupancy as being non-compliant with the fire inspections. We feel the public deserves to know which businesses have not either passed or fulfilled their fire inspection requirements. Mr. Gudger said his friend’s business doesn’t even expire until next month and was concerned why she was threatened with that. The Mayor responded that she is sorry if anyone has made that statement to her but that she has spoken to his friend and they are trying to figure out where she falls in this category and to better define where her home occupancy belongs. We are trying to clarify who needs a fire inspection and who doesn’t. We don’t think that she does need one. Mr. Gudger’s last request is in the future if you can just educate those who speak to the public, they shouldn’t encourage or say they are going to put them on Facebook and blacklist them unless the information is presented to them on how they can deal with and adequately comply with the city requirements. The Mayor told Mr. Gudger that everything in the front office is recorded on cameras. Wherever there is a claim we can pull the footage and hold that individual responsible. She would not ever encourage any of the staff here to say or make claim of that sort that is very serious and not taken lightheartedly. The Mayor also assured Mr. Gudger that we are working with the front office to better equip them to help ask the right questions so we can give the right paperwork. In this situation the confusion was more on our staff then the resident. Overall this situation opened up a lot of unknowns and a grand issue that we are working through to correct. Mr. Gudger kindly asks that the front office refrains from threatening or putting them on a non-compliance if they are trying to comply. The Mayor agreed.

**ORDINANCES AND RESOLUTIONS**

**13. ORDINANCE 816 - THIRD AND FINAL READING**

**ORDINANCE REGARDING INTERFERENCE WITH EMERGENCY CALLS OR EMERGENCY REPORTING SYSTEM**

Motion made by Council Member Neumiller to approve, Seconded by Council Member Sutherland.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, Council Member Neumiller, Council Member Sutherland

**14. ORDINANCE 817 THIRD AND FINAL READING**

ORDINANCE REGARDING CRIMINAL ENTRY

Motion made by Council Member Neumiller to approve, Seconded by Council President McCarthy.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, Council Member Neumiller, Council Member Sutherland

**15. RESOLUTION NO 2024-30 - SETTING MUNICIPAL SALARIES**

A RESOLUTION SETTING MUNICIPAL SALARIES

Motion made by Council Member Butcher to approve, Seconded by Council Member Neumiller.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, Council Member Neumiller, Council Member Sutherland

**16. RESOLUTION NO 2024-31**

HEALTH SAVINGS ACCOUNT SIGNATORIES

Motion made by Council Member Neumiller to approve, Seconded by Council Member Sutherland.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, Council Member Neumiller, Council Member Sutherland

**17. RESOLUTION NO 2024-32**

HOME BUSINESS OCCUPATION PERMIT FEES

Motion made by Council President McCarthy to approve, Seconded by Council Member Butcher.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, Council Member Neumiller, Council Member Sutherland

**COUNCIL APPROVALS**

- 18. Bayou Liquors Catering Permit #7 8-17-24

Motion made by Council Member Sutherland to approve, Seconded by Council Member Neumiller.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, Council Member Neumiller, Council Member Sutherland

**NEW BUSINESS**

- 19. Patrick Sweeney - Senior Citizen Mills Levy

Patrick Sweeney turned the floor over to Amy, the director of the senior center.

Amy wanted to address council about the proposed County Senior Service Citizen Service District will be on the primary ballot next week on August 20<sup>th</sup>. The item will be whether to establish or not to establish a district. Amy detailed the difficulties we will have is the district is not established. Currently they have been living on reserves for the past 6 years. Should it be established there would be 5 board members that will oversee the district. They will be voted by the public.

**ADJOURNMENT**

Council Member Sutherland as for a motion to adjourn Council Meeting at 7:27pm, Seconded by Council President McCarthy.  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Neumiller, Council Member Butcher, Council Member Sutherland

**AGENDA SUBJECT TO CHANGE WITHOUT NOTICE**

**NEXT MEETING** - August 27, 2024 at 7:00pm / September 10, 2024 at 7:00pm

**NEXT WORK SESSION** - August 27, 2024 at 6:00pm / September 9, 2024 at 9:00am

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.

---

Mayor, Leah Juarez

---

City Clerk, Sarah Osborn

# Council Meeting August 27, 2024

Item # 5.

## NEW CONTRACTOR LICENSES

	<b>BUSINESS NAME</b>	<b>CONTRACTOR ID</b>	<b>INSURANCE</b>	<b>FIRE</b>
1	Icon Plumbing	Yes	NA	NA
2	Intermountain Carpentry	Yes	NA	NA

## RENEWAL CONTRACTOR LICENSES

	<b>BUSINESS NAME</b>	<b>CONTRACTOR ID</b>	<b>INSURANCE</b>	<b>FIRE</b>
1	7 Stones	Yes	NA	NA
2	Casper Tin Shop	Yes	NA	NA
3	Sharkey's AllPhase Electric, Inc.	Yes	NA	NA
4	Wayne Coleman Construction, Inc.	Yes	NA	NA

RECEIVED

Item # 5.

AUG 15 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 #: 9907

Date: 08/15/2024

[X] New License [ ] Renewal License [ ] Expired License

GENERAL INFORMATION

Name of Business: Icon Plumbing, LLC

Physical Address: 3580 Indian Scout Drive Casper WY 82604

Mailing Address: 3580 Indian Scout Drive Casper WY 82604

Business Phone Number: 3072770403 Cell Number:

Email Address: iconplumbingwy@gmail.com Website:

License Classifications:

LICENSE ISSUED BY

[ ] City of Mills [X] City of Casper [X] Natrona County [ ] State of Wyoming [ ] Other

A copy of all licenses must be attached to this application

APPLICANT INFORMATION

Applicant Name: Joshua McAuley Phone Number: 3072770403

Mailing Address: 3580 Indian Scout Drive Casper WY 82604

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Joshua McAuley

PAID


AUG 22 2024

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 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

NATRONA COUNTY  
Wyoming


FC-36 **Building Department** 

This is to certify that  
**Icon Plumbing**  
Can perform work in Natrona County as  
**Plumbing Contractor**

This license expires: 12/31/2024

Must be carried on person. Good only when signed by the Building Official

NATRONA COUNTY  
Wyoming

PM-26 **Building Department** 

This is to certify that  
**Joshua McAuley**  
Can perform work in Natrona County as  
**Plumbing Master**

This license expires: December 31, 2024

Must be carried on person. Good only when signed by the Building Official





**City of Casper, Wyoming**

**JOSHUA MCAULEY**

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

**Plumbing Master**

**MAST-001221-2022**

This License Expires: 12/31/2024



**City of Casper, Wyoming**

**Icon Plumbing**

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

**Plumbing Contractor**

**CONT-001315-2022**

This License Expires: 12/31/2024



**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 #: 9928

Date: 8/22/24

New License     Renewal License     Expired License

GENERAL INFORMATION

Name of Business: INTERMOUNTAIN CARPENTRY / R TRAVIS BUILDERS

Physical Address: 1634 MILLCREEK RD CASPER WY 82604  
Street City State Zip

Mailing Address: 2921 RIDGECREST DR CASPER WY 82604  
Street City State Zip

Business Phone Number: 307 259-8708 Cell Number: 307 259-8708

Email Address: rscheidimc@gmail.com Website: \_\_\_\_\_

License Classifications: CLASS 1 GC, CLASS 2 GC

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

Applicant Name: Ryan Scheid Phone Number: 307 259-8708

Mailing Address: 2921 RIDGECREST DR CASPER WY 82604  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: [Signature]

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

PAID

AUG 22 2024

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 \_\_\_\_\_



City of Casper, Wyoming

**INTERMOUNTAIN CARPENTRY**

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

**Class I**

**CONT-000703-2022**

This License Expires: 12/31/2024



City of Casper, Wyoming

**R Travis Builders**

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


**Class II**

**CONT-000057-2021**

This License Expires: 12/31/2024

Item # 5.

NATRONA COUNTY Wyoming


GCI-55 **Building Department** 

This is to certify that **Intermountain Carpentry** can perform work in Natrona County as **General Contractor I**

This license expires: 12/31/2024

Must be carried on person. Good only when signed by the Building Official

NATRONA COUNTY Wyoming

GCI-56 **Building Department** 

This is to certify that **R. Travis Builders, LLC** can perform work in Natrona County as **General Contractor II**

This license expires: 12/31/2024

Must be carried on person. Good only when signed by the Building Official

RECEIVED

AUG 14 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 #: 9920

Date: 8/14/2024

New License  Renewal License  Expired License

GENERAL INFORMATION

Name of Business: 7 Stones Electric LLC

Physical Address: 903 Washington Street Douglas WY 82633  
Street City State Zip

Mailing Address: 903 Washington Street Douglas WY 82633  
Street City State Zip

Business Phone Number: 307-439-3306 Cell Number: \_\_\_\_\_

Email Address: office@7stoneselectric.com Website: 7StonesElectric.com

License Classifications: Electrical Contractor

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

Applicant Name: Bryan Stone Phone Number: 307-351-3759

Mailing Address: 903 Washington Street Douglas WY 82633  
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

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

PAID

AUG 15 2024

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 \_\_\_\_\_

# WY DEPT OF FIRE PREVENTION AND ELECTRICAL SAFETY

## CONTRACTOR CERTIFICATE

AWARDS THIS CERTIFICATE TO

**7 Stones Electric LLC**

who has satisfactorily met the standards of the State of Wyoming as administered by the Electrical Board and is hereby certified as

**LEVEL: Electrical Contractor**


ISSUE DATE: 06/13/2024

CONTRACTOR NUMBER: C-10182

EXPIRATION DATE: 07/01/2025

**Issued by State of WY Dept of Fire Prevention and Electrical Safety**

This certificate documents the successful completion of training and testing at the level identified on the certificate under the provisions identified.




**STATE OF WYOMING  
DEPARTMENT OF FIRE  
PREVENTION AND  
ELECTRICAL SAFETY**





**Bryan Leslie Stone  
MASTER ELECTRICIAN**

LICENSE NUMBER: M-52742




EXPIRATION DATE: 7/1/2027

 **STATE OF WYOMING**  
**DEPARTMENT OF FIRE**  
**PREVENTION AND**  
**ELECTRICAL SAFETY** 

**7 Stones Electric LLC**

LICENSE NUMBER: C-101821

EXPIRATION DATE: 07/01/2025





RECEIVED

AUG 12 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 #: 9905

Date: 8/12/24

New License  Renewal License  Expired License

GENERAL INFORMATION

Name of Business: Casper Tin Shop

Physical Address: 511 Durango Ct Casper WY 82609

Mailing Address: PO Box 51351 Casper WY 82605

Business Phone Number: 307-235-9080 Cell Number:

Email Address: Angie@CasperTinShop.com Website: www.caspeertinshop.com

License Classifications: HVAC

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

Applicant Name: Angie LeDonof Phone Number: 835-9080

Mailing Address: PO Box 51351 Casper WY 82605

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Angie LeDonof - office manager

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

PAID

AUG 14 2024

Return completed form to: Mills City Hall 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





# OFFICIAL RESULTS REPORT



366 - Wyoming Journeyman HVAC

Name: Sean Lijewski Candidate ID: ICNON130712

Address: PO Box 51351 Date: 4/6/2017

Casper WY 82605

## EXAMINATION RESULT: PASS

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

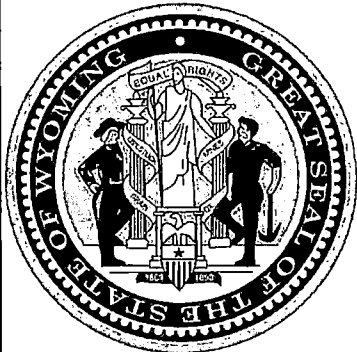
ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at: [www.PearsonVUE.com/authenticate](http://www.PearsonVUE.com/authenticate)

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.

Registration Number: 313799919

Validation Number: 799310611



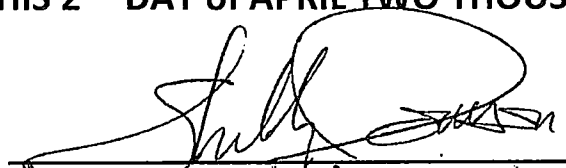
# STATE OF WYOMING CERTIFICATE OF RESIDENCY



Contractor Number: 1788

## CASPER TIN SHOP, LLC

HAS BEEN GRANTED RESIDENCY STATUS PURSUANT TO WYOMING STATUTE 16-6-101, AS AMENDED. FIVE PERCENT PREFERENCE SHALL BE ALLOWED WHEN BIDDING ON ANY PUBLIC WORKS CONTRACT FOR A PERIOD OF ONE (1) YEAR FROM THE DATE CERTIFICATION IS GRANTED.  
GRANTED THIS 2<sup>ND</sup> DAY of APRIL TWO THOUSAND AND 24

  
Michele Johnson, Program Manager

EXPIRATION DATE: 4/1/2025



To verify the authenticity of the certificate,  
please contact our office at 307-777-7261 or visit  
[wyomingworkforce.org/businesses/labor/info](http://wyomingworkforce.org/businesses/labor/info)

CERTIFICATE SERIAL NUMBER: 204202408



# OFFICIAL RESULTS REPORT



G29 - Master Mechanical

Name: Jason LeDoux Candidate ID: ICNON195502  
 Address: 511 Durango Ct Date: 1/18/2024  
 Casper WY 82609

## EXAMINATION RESULT: PASS

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. **Please contact your participating jurisdiction if you wish to pursue licensing.**

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at: [www.PearsonVUE.com/authenticate](http://www.PearsonVUE.com/authenticate). Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.*

Registration Number: 466853801

Validation Number: 257122849



**City of Casper, Wyoming**

**CASPER TIN SHOP LLC**

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

**CONT-000864-2022**

This License Expires: 12/31/2024

**NATRONA  
COUNTY  
Wyoming**

MC-20

**Building Department**

This is to certify that  
**Casper Tin Shop,  
LLC.**  
Can perform work in Natrona County as  
**Mechanical Contractor**

This license expires: 12 31/2024

Must be carried on person. Good only when signed by the Building Official



**CITY OF MILLS**  
EST. 1921

RECEIVED

AUG 13 2024

**APPLICATION FOR  
Contractor License**

Item # 5.

*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 #: 91664

Date: 8/08/24

New License     Renewal License     Expired License

GENERAL INFORMATION

Name of Business: SHARKEY'S ALLPHASE ELECTRIC, INC.

Physical Address: 541 S. JACKSON ST. CASPER WY 82601  
Street City State Zip

Mailing Address: 541 S. JACKSON ST. CASPER WY 82601  
Street City State Zip

Business Phone Number: 307-258-4660 Cell Number: 307-258-4660

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

License Classifications: ELECTRICAL CONTRACTOR

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

Applicant Name: GEORGE SHARKEY Phone Number: 307-258-4660

Mailing Address: 541 S. JACKSON ST. CASPER WY 82601  
Street City State Zip

**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

PAID

AUG 13 2024

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 \_\_\_\_\_

STATE OF WYOMING  
DEPARTMENT OF FIRE  
PREVENTION AND  
ELECTRICAL SAFETY



Sharkey's All Phase Electric, Inc.

LICENSE NUMBER C-1297

EXPIRATION DATE 07/01/2025





**CITY OF MILLS**  
EST. 1921

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AUG 22 2024

**APPLICATION FOR  
Contractor License**

Item # 5.

*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 #: 9072

Date: 8/19/24

New License     Renewal License     Expired License

GENERAL INFORMATION

Name of Business: Wayne Coleman Construction, Inc.

Physical Address: 1898 Melodi Lane Casper WY 82601  
Street City State Zip

Mailing Address: P.O. Box 2440 Mills WY 82644  
Street City State Zip

Business Phone Number: 307-265-3158 Cell Number: \_\_\_\_\_

Email Address: accounting@wcolemconstruction.com Website: \_\_\_\_\_

License Classifications: heavy civil

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

Applicant Name: Elizabeth Milberger Phone Number: 307-265-3158

Mailing Address: P.O. Box 2440 Mills WY 82644  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: [Signature]

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

PAID

AUG 22 2024

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 \_\_\_\_\_



**City of Casper, Wyoming**

**WAYNE COLEMAN CONSTRUCTION**

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

**Demolition Contractor**

**CONT-000627-2022**

This License Expires: 12/31/2024



**City of Casper, Wyoming**

**WAYNE COLEMAN CONSTRUCTION**

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

**Utility Contractor**

**CONT-000952-2022**

This License Expires: 12/31/2024



**City of Casper, Wyoming**

**Caleb Coleman**

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

**Utility Installer**

**INST-000971-2022**

This License Expires: 12/31/2024



# Council Meeting August 27, 2024

Item # 5.

## NEW BUSINESS LICENSES

	<b>BUSINESS NAME</b>	<b>FIRE INSPECTION</b>	<b>INSURANCE</b>
1	Rival Downhole Tools	Yes	NA
2	The Oregon Trail Bar	Yes	NA
3	Wyoming Bearing & Supply, LLC.	Yes	NA
	Wyoming Tree Service, LLC.	Yes	NA

## RENEWAL BUSINESS LICENSES

	<b>BUSINESS NAME</b>	<b>FIRE INSPECTION</b>	<b>INSURANCE</b>
1	Belzona Rocky Mountain, Inc.	Yes	NA
2	Bonander Properties	Yes	NA
3	Casper Discount Storage	Yes	NA
4	EJO Rink, LLC/ Wagon Wheel	Yes	NA
5	JTeam Custom Engines	Yes	NA
6	Millview Laundromat	Yes	NA
7	National Oilwell Varco, LP	Yes	NA
8	USA Trucking, LLC.	Yes	NA



# 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.

License #: 9901

Date: 6/12/24

- New Business
- Change of Ownership
- Change of Location
- Renewal
- Expired

### GENERAL INFORMATION

Name of Business: Rival Downhole Tools

Physical Address: 1088 N Robertson rd Mills WY 82604  
Street City State Zip

Mailing Address: Same  
Street City State Zip

Business Phone Number: 307-265-7867 WY Tax ID Number: 30-0144542

Email Address: MStoneking@RivalDT.com Website: \_\_\_\_\_

Description of Business: Oilfield service (mud motors)

### APPLICANT INFORMATION

Applicant Name: Matthew Stoneking Phone Number: 307-258-2022

Mailing Address: See above  
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: *Matthew Stoneking* 6/12/24

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

**PAID**  
JUN 17 2024

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

RECEIVED  
JUN 17 2024

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

**Raelyn Stoneking**

---

**From:** no-reply@livsafe.com  
**Sent:** Friday, August 16, 2024 9:45 AM  
**To:** mstoneking@rivaldt.com; Raelyn Stoneking; info  
**Cc:** info@livsafe.com  
**Subject:** Inspection Report has been submitted

EXTERNAL EMAIL: This email originated from outside of the City of Mills. Do not click any links or open any attachments unless you trust the sender and know the content is safe.



**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

**FIRE INSPECTION REPORT COMPLIANCE**

August 16, 2024

**Rival Downhole Tools**  
**1088 North Robertson Road**  
**Casper, Wyoming 82604**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)



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.

License #: 9904

Date: 6-21-24

New Business     Change of Ownership     Change of Location     Renewal     Expired

GENERAL INFORMATION

Name of Business: Klaus W. Conrad Jr  
DBA The Oregon Trail Bar

Physical Address: 4618 W. Yellowstone Hwy Mills WY 82604  
Street City State Zip

Mailing Address: 19 S. 4th Ave Mills WY 82604  
Street City State Zip

Business Phone Number: 307-253-0479 WY Tax ID Number: 88-2084067

Email Address: theoregontrailbar@outlook.com Website: \_\_\_\_\_

Description of Business: Bar & Package liquor

APPLICANT INFORMATION

Applicant Name: Klaus W. Conrad Jr. Phone Number: 307-253-0479

Mailing Address: 19 S. 4th Ave Mills WY 82604  
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

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	<del>\$75.00</del>
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  
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 \_\_\_\_\_

**Raelyn Stoneking**

---

**From:** no-reply@livsafe.com  
**Sent:** Tuesday, August 20, 2024 4:42 PM  
**To:** theoregontrailbar@outlook.com; Raelyn Stoneking; info  
**Cc:** info@livsafe.com  
**Subject:** Inspection Report has been submitted

EXTERNAL EMAIL: This email originated from outside of the City of Mills. Do not click any links or open any attachments unless you trust the sender and know the content is safe.



**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

**FIRE INSPECTION REPORT COMPLIANCE**

August 20, 2024

**The Oregon Trail bar**  
**4618 West Yellowstone Highway**  
**Casper, Wyoming 82604**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)

RECEIVED

AUG 02 2024

APPLICATION FOR Business License

Item # 5.



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.

License #: 9921

Date: 07/30/2024

XX New Business [ ] Change of Ownership [ ] Change of Location [ ] Renewal [ ] Expired

GENERAL INFORMATION

Name of Business: Wyoming Bearing & Supply, LLC

Physical Address: 3416 Mid Way Road Mills, WY 82601

Mailing Address: 206 S. College Dr., Cheyenne, WY 82007

Business Phone Number: 307-462-4300 WY Tax ID Number: 25003352 EIN 27-0757880

Email Address: stephanie@wyobs.com Website: www.wyobs.com

Description of Business: Industrial Parts & Supply Sales based in Cheyenne, WY with locations in Nebraska & Colorado

APPLICANT INFORMATION

Applicant Name: Wyoming Bearing & Supply, LLC Phone Number: 307-634-9000

Mailing Address: 206 S. College Dr., Cheyenne, WY 82007

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Stephanie M. Standen

There will be a fire inspection fee to be paid at the time the License is issued.

Table with 2 columns: Business description and Fee amount. Rows include Self-Assessment Fire Inspection (\$45.00), 1-5,000 Sq. Feet (\$75.00), 5,001-10,000 Sq. Feet (\$125.00), greater than 10,000 Sq. Feet (\$250.00), and Fire Alarm/Sprinkler/Hood (\$50.00).

PAID AUG 02 2024

Return completed form to: 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

**Raelyn Stoneking**

---

**From:** no-reply@livsafe.com  
**Sent:** Thursday, August 22, 2024 10:28 AM  
**To:** Stephanie@wyobs.com; Mason@wyobs.com; info; Raelyn Stoneking  
**Cc:** info@livsafe.com  
**Subject:** Inspection Report has been submitted

EXTERNAL EMAIL: This email originated from outside of the City of Mills. Do not click any links or open any attachments unless you trust the sender and know the content is safe.



**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

**FIRE INSPECTION REPORT COMPLIANCE**

August 22, 2024

**Wyoming Bearing and Supply LLC**  
**3416 Mid Way Road**  
**Casper, Wyoming 82601**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)

RECEIVED

AUG 05 2024

Item # 5.

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.

License #: 9903

Date: 7-1-24

- Checked: New Business; Unchecked: Change of Ownership, Change of Location, Renewal, Expired

GENERAL INFORMATION

Name of Business: Wyoming Tree Service, LLC

Physical Address: 5585 Poison Spider Street, Mills, WY 82644

Mailing Address: PO Box 3034, Mills, WY 82644

Business Phone Number: 307-333-5227; WY Tax ID Number: 99-3775486

Email Address: WyomingTreeServiceLLC@gmail.com; Website:

Description of Business: Tree Service, (tree removal, tree pruning)

APPLICANT INFORMATION

Applicant Name: Jim Sullivan; Phone Number: 307-262-1814

Mailing Address: PO Box 3034; 5585 Poison Spider Rd, Mills, WY 82644

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Table with 2 columns: Business type and Fee amount. Includes categories like Self-Assessment Fire Inspection, Sq. Feet ranges, and Fire Alarm/Suppression.

Co-located with Sullivan Trucking, Inc. The premises already has a fire inspection.

Return completed form to: Mills City Hall, 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 [blank]. Attest [blank]



\$45<sup>00</sup>

# Mills Fire Department

Occupancy: **Sullivan Trucking**  
Occupancy ID: **107**  
Address: **5585 Poison Spider RD Mills WY 82604**



Form: SAFI Annual Inspection

Inspection Type: **Yearly inspection**  
Inspection Date: **1/29/2024** By: **2023, SAFI (44)**  
Time In: **15:30** Time Out: **15:50**  
Authorized Date: **01/31/2024** By: **Gay, Wil (29)**

## Inspection Description:

Self-Assessment Fire Inspection

## Inspection Topics:

### Building Access and Outdoor Premises

The building address can be clearly seen from the street (4" high numbers, minimum Responders and passerby's need to be able to read an address from the street, preferably high enough to be seen over the tops of parked vehicles.  
**Status:** PASS  
**Notes:**

The exterior access is not blocked or inaccessible  
Firefighters and equipment need to be able to get to the building in a safe and efficient manner  
**Status:** PASS  
**Notes:**

The fire hydrants are easy to find and not blocked off  
Minimum of three feet of clearance around hydrants. Snow must be kept clear by property owner as well.  
**Status:** PASS  
**Notes:**

Dumpsters must be kept a minimum of five feet from the building and overhangs  
Dumpster fires can lead to building fires if they are stored too close to a building.  
**Status:** PASS  
**Notes:**

### Check Exits and Escape Routes

The exit doors are easy to identify, access and they work  
Means of egress out of a building is mandatory and critical to life safety.  
**Status:** PASS  
**Notes:**

The exit doors all open from the inside without keys or specialist knowledge  
Doors must remain unlocked during business hours.  
**Status:** PASS  
**Notes:**

There are no obstructions in exits, aisles corridors or stairways  
A clear means of egress is critical in an emergency situation. Do not store anything in the pathways leading to an emergency exit.  
**Status:** PASS  
**Notes:**

There is no storage of any kind beneath the exit stairs  
Stairways leading to an exit must remain free of combustible material.  
**Status:** PASS  
**Notes:**

The exit signs have a minimum of 6" high letters with a contrasting background and reflect/glow in the dark or are lighted.  
Lighted exit signs must work.  
Exit signs must be visible in the dark to aid in egress from the building.  
**Status:** PASS  
**Notes:**

**Assess the Electrical System**

The electrical receptacles all have covers. Plugs, switches, junction boxes.  
The terminals must be protected from accidental contact.  
**Status:** PASS  
**Notes:**

The circuits are all properly labelled on all panels  
Knowing which breaker leads to what area will protect occupants and firefighters in the event of an electrical emergency.  
**Status:** PASS  
**Notes:**

There is 30" wide, 36" deep and 78" high access/clearance in front of each electrical panel.  
In the event of an emergency crews need immediate access to the electrical panel  
**Status:** PASS  
**Notes:**

Extension cords are not used to power permanent fixtures  
Extension cords are for temporary use only  
**Status:** PASS  
**Notes:**

The extension cords are all grounded  
Carrying a ground conductor on portable equipment, if so equipped, offers protection for the end user.  
**Status:** PASS  
**Notes:**

All power strips in use have a built-in circuit breaker and are rated for such use.  
Power strips can be easily overloaded  
**Status:** PASS  
**Notes:**

All wiring is properly maintained in good condition and protected from damage.  
Wiring should be free from defects.  
**Status:** PASS  
**Notes:**

**Heat Producing Devices and Appliances**

Only UL listed heaters should be used, and not permanently

UL verifies that equipment is rated for its intended use

**Status:** PASS

**Notes:**

Electrical portable heaters should have 36" of space on either side

Air flow to the blower fan is critical to prevent overheating of the appliance

**Status:** PASS

**Notes:**

Gas-fired heat producing devices require a minimum of 36" clearance, or manufacturer recommended distance, whichever is greater, from combustibles

Too close to combustibles, things will catch on fire.

**Status:** PASS

**Notes:**

Gas-fired heat producing devices should have vents

Vents to the outside can help reduce/eliminate the build-up of carbon monoxide.

**Status:** PASS

**Notes:**

Light fixtures must be clear of any combustible materials

Combustibles too close to a light fixture can heat up and ultimately catch on fire.

**Status:** PASS

**Notes:**

**Inspect All Fire Extinguishers**

There are fire extinguishers within 75' of all areas of the building

One should not have to travel more than 75' to reach a fire extinguisher

**Status:** PASS

**Notes:**

The extinguishers are visible and readily accessible

Where not readily seen, a fire extinguisher sign/sticker shall be placed high above the sticker to indicate its location.

**Status:** PASS

**Notes:**

The extinguishers meet the necessary standards and specialized ones are present also, if applicable (i.e., K for kitchen, CO2 for electronics)

Most facilities will have dry chem extinguishers, but specialized businesses might need specialized extinguishers to protect their assets.

**Status:** PASS

**Notes:**

The extinguishers are stored off the floor but no higher than 5' off the floor, unless otherwise approved

Extinguishers are to be mounted on a hanger or in a cabinet, that will indicate when an extinguisher is missing.

**Status:** PASS

**Notes:**

All extinguishers have been inspected in the last 12-months.

Annual inspections are required on fire extinguishers.

**Status:** PASS

**Notes:**

### Assess The Maintenance of Building Areas

Trash and waste should be taken out daily

A collection of trash and waste inside a building have led to unwanted fires or tripping hazards.

**Status:** PASS

**Notes:**

Oily rags or similar materials require disposal in approved metal containers

Spontaneous combustion of mishandled oily rags can lead to fire

**Status:** PASS

**Notes:**

Combustible materials need to be stored securely and orderly

The more orderly the storage area, the reduced chance of hidden/unwanted fire.

**Status:** PASS

**Notes:**

Exit paths do not have combustibles stored in their path

A clean exit path is a safe exit path.

**Status:** PASS

**Notes:**

Storage height must be a minimum of 2 feet below ceiling height

This aids the fire department when they must perform vertical ventilation to remove smoke from a building, to not only cut the hole without hitting product, but leaves room for the smoke to travel up and out.

**Status:** PASS

**Notes:**

Flammable liquids, greater than 5-gallons, are stored in an approved fire rated cabinet

Protecting flammables will help prevent the unnecessary spread of fire, if one gets started.

**Status:** PASS

**Notes:**

Post and enforce "no smoking" signs in combustible or flammable areas (white lettering 3" tall on red backing).

No smoking is necessary in areas where combustible or flammables are present.

**Status:** PASS

**Notes:**

Flammable liquids are all stored in approved containers

There are specialized containers for flammable liquid storage.

**Status:** PASS

**Notes:**

Compressed gas cylinders are secured, standing up right, with cap in place

Cylinders must be protected from falling

**Status:** PASS

**Notes:**

Additional Time Spent on Inspection:		
Category	Start Date / Time	End Date / Time
Notes: No Additional time recorded		

**Total Additional Time: 0 minutes**  
**Inspection Time: 20 minutes**  
**Total Time: 20 minutes**

Summary:
<b>Overall Result: Pass</b> Passed all requirements
<b>Inspector Notes: SAFI eligible</b>

Inspector:
Name: 2023, SAFI Rank: Email(s): None on file



**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.**

License #: 1054

Date: 8-20-24

New Business     Change of Ownership     Change of Location     Renewal     Expired

GENERAL INFORMATION

Name of Business: Belzona Rocky Mountain Inc.

Physical Address: 4447 Chalmers Street Mills WY 82604  
Street City State Zip

Mailing Address: PO Box 3031 Mills WY 82644  
Street City State Zip

Business Phone Number: 307-266-3644 WY Tax ID Number: 1007327

Email Address: office@belzonarockymountain.com Website: belzonarockymountain.com

Description of Business: authorized distributor of Belzona  
Industrial coatings

APPLICANT INFORMATION

Applicant Name: Julie Grayson Phone Number: 307-266-3644

Mailing Address: 4447 Chalmers St. Mills WY 82604  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: Julie Grayson

**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

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 \_\_\_\_\_

**Raelyn Stoneking**

---

**From:** no-reply@livesafe.com  
**Sent:** Thursday, August 22, 2024 6:42 PM  
**To:** office@belzonarockymountain.com; Raelyn Stoneking; info  
**Cc:** info@livesafe.com  
**Subject:** Inspection Report has been submitted

EXTERNAL EMAIL: This email originated from outside of the City of Mills. Do not click any links or open any attachments unless you trust the sender and know the content is safe.



**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

## FIRE INSPECTION REPORT COMPLIANCE

August 23, 2024

**Belzona Rocky Mountain**  
**4447 Chalmers St**  
**Mills, Wyoming 82604**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)

RECEIVED

AUG 22 2024



CITY OF MILLS  
EST. 1921

**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.*

License #: 9448

Date: 8/22/2024

New Business     Change of Ownership     Change of Location     Renewal     Expired

GENERAL INFORMATION

Name of Business: Bonander Properties

Physical Address: PO Box 1840 (935 Pendell Blvd - 2nd Floor) Mills, WY 82644  
Street City State Zip

Mailing Address: PO Box 1840, Mills, WY 82644  
Street City State Zip

Business Phone Number: 307-234-2058      WY Tax ID Number: 27-4079341

Email Address: accounting@inter-mountain.com      Website: \_\_\_\_\_

Description of Business: Property management

APPLICANT INFORMATION

Applicant Name: Traci Young      Phone Number: 307-234-2058

Mailing Address: PO Box 1840, Mills, WY 82644  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: *Traci Young*

**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

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 \_\_\_\_\_



# Mills Fire Department

Occupancy: **Inter-Mountain Pipe & Threading Company**  
Occupancy ID: **153**  
Address: **935 Pendell BLVD Mills WY 82604**



Form: 2022 Annual Inspection

Inspection Type: **Yearly inspection**  
Inspection Date: **4/18/2024** By: **Dierenfeldt, John B (10)**  
Time In: **13:30** Time Out: **13:50**  
Authorized Date: **04/18/2024** By: **Dierenfeldt, John B (10)**

## Inspection Description:

2022 Annual Inspection

## Inspection Topics:

### Exits

Repair or maintain exit doors and hardware to operate properly.  
Well maintained exit doors and panic hardware provide safe and easy egress from a building.  
**Status: PASS**  
**Notes:**

Remove obstructions from exits, aisles, corridors, and stairways.  
Clear exit access is essential to prevent panic or accidental falling of occupants during evacuation.  
**Status: PASS**  
**Notes:**

Remove storage from beneath exit stairs.  
Items stored beneath stairs present a fire risk that can endanger persons using that escape route.  
**Status: PASS**  
**Notes:**

Unlock all exit doors during business hours.  
Locked exit doors make it impossible for occupants to escape safely and quickly.  
**Status: PASS**  
**Notes:**

Provide exit signs with letters at least 6 inches high on a contrasting background.  
Clearly identified exits enable persons to quickly and safely leave the building in an emergency.  
**Status: PASS**  
**Notes:**

Remove unapproved locks or latches from exit doors.  
Exit doors must be free to open without delay in the event of an emergency.  
**Status: PASS**  
**Notes:**

### Exit Lighting

Repair lighted exit signs or emergency lighting.  
Exit signs and emergency illumination are essential during evacuations. The exit sign will indicate to occupants the correct door to reach safely.  
**Status: PASS**  
**Notes:**

Provide lighting for exits, aisles, corridors, and stairways. Table 1006.3.3(2) and occupancy classification  
Well lighted exit ways prevent panic, and provide safer egress for occupants.

Status: PASS  
Notes:

**Fire Extinguishers**

Mount extinguishers where readily available, not more than 5 feet above floor.  
Extinguishers must be easily within reach of all occupants, but not where they will be subject to damage.

Status: PASS  
Notes:

Post signs indicating location where extinguishers are not readily visible.  
Where extinguishers are not clearly visible, signs help occupants find the equipment in a hurry.

Status: PASS  
Notes:

Portable fire extinguishers are due for annual maintenance on:  
Annual maintenance will provide for properly charge and serviced extinguishing devices, and assure proper operation if needed to fight a small fire.

Status: PASS  
Notes:

Provide \_\_\_ extinguisher(s), minimum size of \_\_\_\_\_ at \_\_\_\_\_  
location(s).

Extinguishers provided need to be appropriate to the type of hazard.  
Status: PASS  
Notes:

**Fire Protection Access and Equipment**

KNOX Box verification  
Use KNOX key to open box and verify there is a key and it works

Status: PASS  
Notes:

Install approved protective covers on fire department hose connection.  
Protective covers must be installed on the supply connection to prevent accumulations of debris that might inhibit the system feets effectiveness.

Status: PASS  
Notes:

Provide and maintain smoke detectors in proper operating condition.  
The proper installation and maintenance of smoke detectors is of the utmost importance. In the event of a fire, they will notify occupants, and, in some cases, may automatically notify the Fire Department.

Status: PASS  
Notes:

The X system(s) is/are due for confidence testing and certification. Please see the attached report.  
Life safety and fire protection equipment must be properly inspected and tested from time to time to assure its effective operation.

Status: PASS  
Notes:

Maintain access to and operation of standpipes, fire hose, sprinkler valves, fire hydrants, fire extinguishers, and other fire protection equipment

Fire protection equipment must have clear access and be operational at all times to be effective in an emergency.

Status: PASS  
Notes:

Provided minimum 4 inches high address numbers so they are visible from the street.

Address numbers are critical to help emergency personnel find people who may need some sort of aid. The numbers must contrast with their background for greatest visibility.

Status: PASS  
Notes:

Remove obstructions and provide access in fire lanes.

Large fire apparatus need room to effectively maneuver in the event of an emergency.

Status: PASS  
Notes:

**Fire Separations**

Keep attic and scuttle covers closed, and ceiling tiles in place.

Ceilings are an integral part of the building feets fire protection. If kept in place, the ceiling will protect roof structures from premature collapse.

Status: PASS  
Notes:

Remove obstructions from fire doors and maintain to operate properly.

Fire and smoke doors should not be blocked open or obstructed or fire and smoke will easily travel through the opening and cause excessive risk to life and property.

Status: PASS  
Notes:

Seal unapproved openings with approved material.

Flame, smoke, and hot gases can easily travel through holes and pipe chases, thus creating more damage and a hazard to occupants.

Status: PASS  
Notes:

**Housekeeping**

6 month inspection record for hood/duct suppression system

Need to provide the inspection sticker for having the hood maintained every 6 months.

Status: PASS  
Notes:

Arrange storage in orderly manner to provide for exiting and fire department access.

Good housekeeping makes an area safer for occupants and contributes less fuel to a fire. When storage is orderly, fire fighters can get fast access to minimize fire damage.

Status: PASS  
Notes:

Remove or store rubbish, waste material, oily rags in closed metal containers.

Safety containers for oily and greasy rags are designed to prevent spontaneous ignition of their contents. Other highly flammable wastes must be separated from sources of ignition.

Status: PASS  
Notes:

Clean grease filters and hood/duct system over cooking equipment.  
 Regular cleaning of the hood, duct, and filters will eliminate flammable grease build-up and provide proper ventilation of head through the exhaust outlet.  
**Status: PASS**  
**Notes:**

Provide approved waste containers for combustible waste.  
 Heavy duty or metal containers are necessary to confine a fire in the receptacle to prevent if spreading to the building.  
**Status: PASS**  
**Notes:**

Remove storage to at least 18 inches below level of sprinklers (36 inches for storage piled over 12 feet high)  
 Storage too close to a sprinkler will not allow the water spray to properly penetrate the fire and extinguish it.  
**Status: PASS**  
**Notes:**

Chain all compressed gas cylinders in an upright position and provide protective caps.  
 Compressed gas cylinders, empty or full, can take off like a rocket in any direction if they fail and rupture. Nesting is allowed in certain occupancies  
**Status: PASS**  
**Notes:**

Boiler, mechanical, and electrical panel rooms shall not be used for storage.  
 Combustible materials in these equipment rooms often get put too close to sources of heat and a fire will likely result.  
**Status: PASS**  
**Notes:**

Post and enforce "No Smoking" signs.  
 "No Smoking" areas are designated because the use of smoking materials in those areas could cause a fire.  
**Status: PASS**  
**Notes:**

Reduce storage height to at least 2 feet below ceiling.  
 In the even of a fire, fire fighters may need to open a hole in the roof to let heat and smoke out. Storage and other obstructions will prevent rapid ventilation efforts.  
**Status: PASS**  
**Notes:**

Move the dumpster at least 5 feet from the building or overhangs.  
 Dumpsters are a common fire target of vandals. Moving the dumpster away will reduce the risk of a fire spreading to the building.  
**Status: PASS**  
**Notes:**

**Flammable Liquids**

Discontinue use of Class 1 liquids (gasoline, etc.) for cleaning.  
 These liquids are highly volatile and can be easily ignited by sparks, pilot lights, or other sources of heat.  
**Status: PASS**  
**Notes:**

Storage in excess of 5 gallons shall be in an approved fire cabinet.  
 In the event of a fire, flammable liquids can readily accelerate its spread. Confining the stored liquids to secure cabinets will limit this fire exposure.  
**Status: PASS**  
**Notes:**

Discontinue pouring from containers exceeding 5 gallons or provide pump taking suction from top.

Larger flammable liquid containers are difficult to handle, and their contents are easily spilled. Pumps taking suction from the top restrict the amount likely to be discharged accidentally.

Status: PASS

Notes:

Store liquids away from exits, aisles, corridors, or stairways.

The accelerating effect of flammable liquids in a fire can quickly make safe exit impossible.

Status: PASS

Notes:

Use only approved safety can for portable dispensing of flammable liquids.

Safety containers for flammable or combustible liquids are designed to prevent flammable fumes from escaping or accidental spills.

Status: PASS

Notes:

**Electrical**

Discontinue use of extension cords in lieu of permanent wiring.

Temporary wire does not afford the durability, safety, and protection from shock or fire that is found in the construction of an enclosed electrical system.

Status: PASS

Notes:

Maintain a minimum of 30 inches wide, 36 inches deep, and 78 inches high clearance in front of electrical panel.

Access to electrical panels must be cleared to allow for general inspection and emergency shutdown.

Status: PASS

Notes:

Each outlet box shall have a cover faceplate or fixture canopy.

Covers protect people from being shocked by exposed wires, prevent spread of electrical current, and heat and flame during short circuits.

Status: PASS

Notes:

Discontinue use of non-approved multi-plug adapters.

Multi-plug adapters invite the overuse of the circuit that can result in overheating and a fire.

Status: PASS

Notes:

Maintain wiring in good condition and protect from damage.

Worn or broken wires and plugs present a fire hazard and risk of electrical short circuit that can result in a fire.

Status: PASS

Notes:

**Additional Time Spent on Inspection:**

Category	Start Date / Time	End Date / Time
<b>Notes:</b> No Additional time recorded		

**Total Additional Time: 0 minutes**

**Inspection Time: 20 minutes**

**Total Time: 20 minutes**

**Summary:**

**Overall Result:** Pass  
Passed all requirements

**Inspector Notes:**

RECEIVED

AUG 14 2024

APPLICATION FOR Business License

Item # 5.



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.

License #: 9605

Date: \_\_\_\_\_

- New Business
- Change of Ownership
- Change of Location
- Renewal
- Expired

GENERAL INFORMATION

Name of Business: CASPER DISCOUNT STORAGE

Physical Address: 620 SALT CREEK CASPER WY 82601

Mailing Address: SAME

Business Phone Number: (307) 267-2345 WY Tax ID Number: N/A

Email Address: cacor77ss@hotmail.com Website: CASPERDISCOUNTSTORAGE.COM

Description of Business: MINI STORAGE

APPLICANT INFORMATION

Applicant Name: MARVIN CHRISTOPHERSON Phone Number: \_\_\_\_\_

Mailing Address: 620 SALT CREEK CASPER WY 82601

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Handwritten Signature]

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

PAID AUG 14 2024

Return completed form to: Mills City Hall, 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 \_\_\_\_\_

**Raelyn Stoneking**

---

**From:** no-reply@livsafe.com  
**Sent:** Tuesday, August 20, 2024 4:05 PM  
**To:** racer77ss@hotmail.com; Raelyn Stoneking; info  
**Cc:** info@livsafe.com  
**Subject:** Inspection Report has been submitted

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**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

## **FIRE INSPECTION REPORT COMPLIANCE**

August 20, 2024

**Casper Discount Storage**  
**620 Salt Creek Highway**  
**Casper, Wyoming 82601**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)





**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.**

License #: 9822

Date: 7/17/24

New Business     Change of Ownership     Change of Location     Renewal     Expired

GENERAL INFORMATION

Name of Business: EJO Rink LLC

Physical Address: 305 Van Horn Ave Mills WY 82644  
Street City State Zip

Mailing Address: PO Box 220 Mills WY 82644  
Street City State Zip

Business Phone Number: 307-265-4214 WY Tax ID Number: 92-1178639

Email Address: wagonwheel skate@gmail.com Website: ~~www~~ wwwskate.com

Description of Business: Roller skating rink

APPLICANT INFORMATION

Applicant Name: Elisa and Jon Odlin Phone Number: 307-267-9651

Mailing Address: PO Box 220 Mills WY 82644  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: Elisa Odlin

**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

PAID  
JUL 18 2024

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

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Attest: \_\_\_\_\_

**Raelyn Stoneking**

---

**From:** no-reply@livesafe.com  
**Sent:** Friday, August 16, 2024 3:12 PM  
**To:** info  
**Cc:** info@livesafe.com  
**Subject:** Inspection Report has been submitted

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

## **FIRE INSPECTION REPORT COMPLIANCE**

August 16, 2024

**Wagon Wheel**  
**305 Van Horn Ave**  
**Mills, Wyoming 82604**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)

RECEIVED

JUL 23 2024

APPLICATION FOR Business License

Item # 5.



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.

License #: 1039

Date: 7/23/24

- checkbox New Business, checkbox Change of Ownership, checkbox Change of Location, checked checkbox Renewal, checkbox Expired

GENERAL INFORMATION

Name of Business: JTEAM CUSTOM ENGINES
Physical Address: 621 JOHNSON AVE MILLS WY 82644
Mailing Address: PO BOX 2526 MILLS WY 82644
Business Phone Number: 307 237 0939 WY Tax ID Number: 010016353
Email Address: J2GOOD707@GMAIL.COM Website: NA
Description of Business: ENGINE REBUILDING

APPLICANT INFORMATION

Applicant Name: JERRY WOOD Phone Number: 307 237 0939
Mailing Address: PO BOX 2526 MILLS WY 82644

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: JWOOD

There will be a fire inspection fee to be paid at the time the License is issued.

Table with 2 columns: Business description and Fee amount. Rows include Self-Assessment Fire Inspection (\$45.00), 1-5,000 Sq. Feet (\$75.00), 5,001-10,000 Sq. Feet (\$125.00), greater than 10,000 Sq. Feet (\$250.00), and Fire Alarm/Sprinkler/Hood (\$50.00).

PAID JUL 23 2024

Return completed form to: Mills City Hall, 720 4th Street, 307-234-6679

OFFICE USE ONLY
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Granted at a meeting of the Mills
City Council on the
Attest

**Raelyn Stoneking**

---

**From:** no-reply@livesafe.com  
**Sent:** Friday, August 16, 2024 9:13 AM  
**To:** Raelyn Stoneking; info  
**Cc:** info@livesafe.com  
**Subject:** Inspection Report has been submitted

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**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

**FIRE INSPECTION REPORT COMPLIANCE**

August 16, 2024

**J Team Custom Engines**  
**621 Johnson Avenue**  
**Mills, Wyoming 82604**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)



**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.**

License #: 9798

Date: 7-15-24

New Business     Change of Ownership     Change of Location     Renewal     Expired

GENERAL INFORMATION

Name of Business: Millview Laundromat

Physical Address: 520 SW WY Blvd Mills WY 82644  
Street City State Zip

Mailing Address: Po Box 2633 Casper WY 82602  
Street City State Zip

Business Phone Number: 307.472.0117 WY Tax ID Number: 88-2968788

Email Address: Preshduds307@gmail Website: millviewlaundromat.com

Description of Business: Laundromat

APPLICANT INFORMATION

Applicant Name: Shawn Patten Phone Number: 258-5513

Mailing Address: Po Box 2633 Casper WY 82602  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: [Signature]

**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

**PAID**

JUL 16 2024

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

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

**Raelyn Stoneking**

---

**From:** no-reply@livsafe.com  
**Sent:** Monday, August 19, 2024 4:22 PM  
**To:** freshduds307@gmail.com; Raelyn Stoneking; info  
**Cc:** info@livsafe.com  
**Subject:** Inspection Report has been submitted

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**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

**FIRE INSPECTION REPORT COMPLIANCE**

August 19, 2024

**Millview Laundromat**  
**520 Wyoming Boulevard Southwest**  
**Mills, Wyoming 82644**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)



# 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.

License #: 9902

Date: 06/17/2024

- New Business
- Change of Ownership
- Change of Location
- Renewal
- Expired

### GENERAL INFORMATION

Name of Business: National Oilwell Varco, LP

Physical Address: 1080 N Robertson Road Casper, WY 82604-2105  
Street City State Zip

Mailing Address: 10353 Richmond Ave. Houston, TX 77042-4103  
Street City State Zip

Business Phone Number: (307) 473-8888 WY Tax ID Number: 01012477

Email Address: NOVtax@nov.com Website: www.nov.com

Description of Business: \_\_\_\_\_

NAICS 333131 - Mining Machinery and Equipment Manufacturing

NAICS 333132 - Oil and Gas Field Machinery and Equipment Manufacturing

### APPLICANT INFORMATION

Applicant Name: Latonya S. Chase, Manager/Sales Tax Phone Number: (713) 634-3149

Mailing Address: 10353 Richmond Ave. Houston, TX 77042-4103  
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Latonya S. Chase

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

PAID  
AUG 12 2024

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 Attest \_\_\_\_\_

**Raelyn Stoneking**

---

**From:** no-reply@livesafe.com  
**Sent:** Tuesday, July 9, 2024 1:19 PM  
**To:** Raelyn Stoneking; John.holbrook@nov.com  
**Cc:** info@livesafe.com  
**Subject:** Inspection Report has been submitted

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445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

**FIRE INSPECTION REPORT COMPLIANCE**

July 9, 2024

**NOV Tuboscope**  
**1080 Robertson Road**  
**Casper, Wyoming 82604**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)





**CITY OF MILLS**  
EST. 1921

AUG 06 2024

**APPLICATION FOR  
Business License**

Item # 5.

**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.**

License #: 9849

Date: 7.17.2024

New Business     Change of Ownership     Change of Location     Renewal     Expired

GENERAL INFORMATION

Name of Business: USA Trucking, LLC

Physical Address: 5370 W. Poison Spider Rd Casper, WY 82604  
Street City State Zip

Mailing Address: PO Box 40 Mills WY 82644  
Street City State Zip

Business Phone Number: 307.266.3094 WY Tax ID Number: \_\_\_\_\_

Email Address: anita@usatruckingmills.com Website: N/A

Description of Business: Trucking & Warehousing of drilling mud products.

APPLICANT INFORMATION

Applicant Name: Deanna Hegeraki Phone Number 307.266.3094

Mailing Address: PO Box 40 Mills WY 82644  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: Deanna Hegeraki

**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

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AUG 07 2024

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

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Granted at a meeting of the Mills  
City Council on the \_\_\_\_\_  
Attest \_\_\_\_\_

## Raelyn Stoneking

---

**From:** no-reply@livsafe.com  
**Sent:** Friday, August 9, 2024 3:33 PM  
**To:** Raelyn Stoneking; Laramielegerski@gmail.com; info  
**Cc:** info@livsafe.com  
**Subject:** Inspection Report has been submitted

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**Mills Fire Department (WY)**  
c/o LIVSafe  
445 E Chubbuck Rd, Ste A  
Chubbuck, ID 83202

300 Lakeview Dr  
Mills, Wyoming 82604

### **FIRE INSPECTION REPORT COMPLIANCE**

August 9, 2024

**USA Trucking**  
**5370 Poison Spider Road**  
**Casper, Wyoming 82604**

Mills Fire Department (WY) has completed a Fire & Life Safety Inspection on this Premise. During the Inspection, **NO FIRE CODE VIOLATIONS** were observed.

We appreciate your efforts in keeping the business safe for employees and patrons.

Sincerely,

Wil Gay  
Mills Fire Department (WY)

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only paid invoices included.

[Report].Vendor Number = {<>} {AND} 380 {AND} 4910 {AND} 790 {AND} 1310 {AND} 1340 {AND} 2080 {AND} 4200 {AND} 4210 {AND} 5470 {AND} 5480 {AND} 5950 {AND} 6480 {AND} 7040 {AND} 7280 {AND} 6450 {AND} 7170

[Report].Vendor Number = {OR} {IS NULL}

Vendor	Vendor Name	Invoice Number	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Last Check Date	Last Check Number
<b>Advance Casper</b>								
1040	Advance Casper	01-154	08/02/2024	13,920.00	13,920.00	08/23/2024	08/23/2024	33097
Total Advance Casper:				13,920.00	13,920.00			
<b>All Out Fire, Inc</b>								
310	All Out Fire, Inc	MPD296	07/08/2024	47.00	47.00	08/23/2024	08/23/2024	33098
Total All Out Fire, Inc:				47.00	47.00			
<b>ALSCO, Inc</b>								
350	ALSCO, Inc	LCAS1611930	07/31/2024	75.55	75.55	08/23/2024	08/23/2024	33099
Total ALSCO, Inc:				75.55	75.55			
<b>AMBI Mail &amp; Marketing, Inc</b>								
140	AMBI Mail & Marketing, Inc	24-07-397	07/31/2024	54.03	54.03	08/23/2024	08/23/2024	33100
140	AMBI Mail & Marketing, Inc	MPD260	06/28/2024	97.28	97.28	08/23/2024	08/23/2024	33100
Total AMBI Mail & Marketing, Inc:				151.31	151.31			
<b>Atlas Office Products, Inc</b>								
620	Atlas Office Products, Inc	012676-01	08/09/2024	79.80	79.80	08/23/2024	08/23/2024	33101
620	Atlas Office Products, Inc	012731-00	08/13/2024	119.23	119.23	08/23/2024	08/23/2024	33101
620	Atlas Office Products, Inc	012797-00	08/16/2024	50.38	50.38	08/23/2024	08/23/2024	33101
Total Atlas Office Products, Inc:				249.41	249.41			
<b>Axon Enterprise, Inc</b>								
6080	Axon Enterprise, Inc	00088872	08/01/2024	425.83	425.83	08/23/2024	08/23/2024	33102
Total Axon Enterprise, Inc:				425.83	425.83			
<b>B &amp; B Rubber Stamp</b>								
650	B & B Rubber Stamp	124690	08/15/2024	88.64	88.64	08/23/2024	08/23/2024	33103
Total B & B Rubber Stamp:				88.64	88.64			
<b>Banner Health</b>								
7120	Banner Health	0724 MILLS FI	07/31/2024	172.87	172.87	08/23/2024	08/23/2024	33104
Total Banner Health:				172.87	172.87			
<b>Big Horn Tire, Inc.</b>								
7983	Big Horn Tire, Inc.	76627	07/30/2024	311.15	311.15	08/23/2024	08/23/2024	33105
Total Big Horn Tire, Inc.:				311.15	311.15			
<b>Bound Tree Medical</b>								
840	Bound Tree Medical	85434413	07/30/2024	221.15	221.15	08/23/2024	08/23/2024	33106

Vendor	Vendor Name	Invoice Number	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Last Check Date	Last Check Number
Total Bound Tree Medical:				221.15	221.15			
<b>Casper Star Tribune Inc</b>								
1270	Casper Star Tribune Inc	FD150BD1-001	07/29/2024	107.66	107.66	08/23/2024	08/23/2024	33107
1270	Casper Star Tribune Inc	FD150BD1-001	07/30/2024	95.04	95.04	08/23/2024	08/23/2024	33107
1270	Casper Star Tribune Inc	FD150BD1-001	08/02/2024	295.21	295.21	08/23/2024	08/23/2024	33107
1270	Casper Star Tribune Inc	FD150BD1-001	08/16/2024	41.79	41.79	08/23/2024	08/23/2024	33107
Total Casper Star Tribune Inc:				539.70	539.70			
<b>City of Casper</b>								
1510	City of Casper	5495	07/31/2024	1,740.00	1,740.00	08/23/2024	08/23/2024	33108
1510	City of Casper	626339	05/29/2024	1,303.50	1,303.50	08/23/2024	08/23/2024	33108
1510	City of Casper	627700	07/29/2024	748.50	748.50	08/23/2024	08/23/2024	33108
1510	City of Casper	627738	07/30/2024	1,137.00	1,137.00	08/23/2024	08/23/2024	33108
1510	City of Casper	627782	07/31/2024	886.50	886.50	08/23/2024	08/23/2024	33108
1510	City of Casper	627826	08/01/2024	735.75	735.75	08/23/2024	08/23/2024	33108
1510	City of Casper	627859	08/02/2024	555.00	555.00	08/23/2024	08/23/2024	33108
1510	City of Casper	627903	08/05/2024	788.25	788.25	08/23/2024	08/23/2024	33108
1510	City of Casper	627947	08/06/2024	1,197.00	1,197.00	08/23/2024	08/23/2024	33108
1510	City of Casper	627979	08/07/2024	945.00	945.00	08/23/2024	08/23/2024	33108
1510	City of Casper	628014	08/08/2024	717.75	717.75	08/23/2024	08/23/2024	33108
1510	City of Casper	628048	08/09/2024	672.00	672.00	08/23/2024	08/23/2024	33108
1510	City of Casper	628086	08/12/2024	701.25	701.25	08/23/2024	08/23/2024	33108
1510	City of Casper	628141	08/13/2024	1,111.50	1,111.50	08/23/2024	08/23/2024	33108
1510	City of Casper	628179	08/14/2024	941.25	941.25	08/23/2024	08/23/2024	33108
1510	City of Casper	628217	08/15/2024	685.50	685.50	08/23/2024	08/23/2024	33108
1510	City of Casper	628245	08/16/2024	570.75	570.75	08/23/2024	08/23/2024	33108
Total City of Casper:				15,436.50	15,436.50			
<b>Collins Communications, Inc</b>								
7427	Collins Communications, Inc	671227	08/01/2024	275.00	275.00	08/23/2024	08/23/2024	33109
Total Collins Communications, Inc:				275.00	275.00			
<b>Community First National Bank</b>								
1660	Community First National Bank	64297	07/03/2024	59,020.47	59,020.47	08/23/2024	08/23/2024	33110
Total Community First National Bank:				59,020.47	59,020.47			
<b>Computer Professionals Unlimited</b>								
7450	Computer Professionals Unlimited	INV126547	07/31/2024	209.97	209.97	08/23/2024	08/23/2024	33111
Total Computer Professionals Unlimited:				209.97	209.97			
<b>Court Bond</b>								
7866	Court Bond	22534-1	08/23/2024	1,720.00	1,720.00	08/23/2024	08/23/2024	1901
7866	Court Bond	23018	08/14/2024	860.00	860.00	08/14/2024	08/23/2024	1901
Total Court Bond:				2,580.00	2,580.00			
<b>CY Ace Hardware</b>								
8185	CY Ace Hardware	070224	07/02/2024	58.46	58.46	08/23/2024	08/23/2024	33112
8185	CY Ace Hardware	071224	07/12/2024	15.99	15.99	08/23/2024	08/23/2024	33112
8185	CY Ace Hardware	3149/1	07/16/2024	65.94	65.94	08/23/2024	08/23/2024	33112

Vendor	Vendor Name	Invoice Number	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Last Check Date	Last Check Number
8185	CY Ace Hardware	3169/1	07/22/2024	65.94	65.94	08/23/2024	08/23/2024	33112
8185	CY Ace Hardware	3183/1	07/23/2024	202.96	202.96	08/23/2024	08/23/2024	33112
Total CY Ace Hardware:				409.29	409.29			
<b>Ferguson Enterprises LLC #3007</b>								
8276	Ferguson Enterprises LLC #3007	2870546	07/31/2024	26.61	26.61	08/23/2024	08/23/2024	33113
Total Ferguson Enterprises LLC #3007:				26.61	26.61			
<b>First State Bank</b>								
8097	First State Bank	081424	08/14/2024	1,036.35	1,036.35	08/14/2024	08/14/2024	33096
8097	First State Bank	081424	08/14/2024	10,000.00	10,000.00	08/14/2024	08/14/2024	33096
Total First State Bank:				11,036.35	11,036.35			
<b>Hach Company</b>								
2950	Hach Company	14119589	07/24/2024	677.24	677.24	08/23/2024	08/23/2024	33114
Total Hach Company:				677.24	677.24			
<b>Hawkins Inc</b>								
3040	Hawkins Inc	6783915	06/15/2024	60.00	60.00	08/23/2024	08/23/2024	33115
3040	Hawkins Inc	6837240	08/15/2024	30.00	30.00	08/23/2024	08/23/2024	33115
Total Hawkins Inc:				90.00	90.00			
<b>Homax</b>								
3120	Homax	0682441-IN	08/15/2024	248.26	248.26	08/23/2024	08/23/2024	33116
3120	Homax	CL28722	07/31/2024	2,957.99	2,957.99	08/23/2024	08/23/2024	33116
3120	Homax	CL28722-1	07/31/2024	122.46	122.46	08/23/2024	08/23/2024	33116
3120	Homax	CL28723	07/31/2024	767.66	767.66	08/23/2024	08/23/2024	33116
Total Homax:				4,096.37	4,096.37			
<b>InstaCare Center of Casper, Inc</b>								
3320	InstaCare Center of Casper, Inc	2808	07/31/2024	135.00	135.00	08/23/2024	08/23/2024	33117
Total InstaCare Center of Casper, Inc:				135.00	135.00			
<b>Law Office of Stephanie M Arrache</b>								
8328	Law Office of Stephanie M Arrach	MILLS06	08/22/2024	8,392.50	8,392.50	08/23/2024	08/23/2024	33118
Total Law Office of Stephanie M Arrache:				8,392.50	8,392.50			
<b>MES Municipal</b>								
4290	MES Municipal	IN2088487	07/22/2024	1,474.11	1,474.11	08/23/2024	08/23/2024	33119
4290	MES Municipal	IN2095124	08/01/2024	360.00	360.00	08/23/2024	08/23/2024	33119
Total MES Municipal:				1,834.11	1,834.11			
<b>NAPA Auto Parts</b>								
4600	NAPA Auto Parts	072924	07/29/2024	45.48	45.48	08/23/2024	08/23/2024	33120
4600	NAPA Auto Parts	080524	08/05/2024	9.77	9.77	08/23/2024	08/23/2024	33120
4600	NAPA Auto Parts	148743	07/24/2024	10.44	10.44	08/23/2024	08/23/2024	33120

Vendor	Vendor Name	Invoice Number	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Last Check Date	Last Check Number
Total NAPA Auto Parts:				65.69	65.69			
<b>Natrona County Sheriffs Office</b>								
4660	Natrona County Sheriffs Office	5158	07/30/2024	17,684.10	17,684.10	08/23/2024	08/23/2024	33121
Total Natrona County Sheriffs Office:				17,684.10	17,684.10			
<b>Norco, Inc</b>								
4760	Norco, Inc	41250924	07/29/2024	153.57	153.57	08/23/2024	08/23/2024	33122
4760	Norco, Inc	41293667	07/31/2024	14.26	14.26	08/23/2024	08/23/2024	33122
Total Norco, Inc:				167.83	167.83			
<b>Quadient, Inc</b>								
7985	Quadient, Inc	61263633	08/04/2024	297.11	297.11	08/23/2024	08/23/2024	33123
Total Quadient, Inc:				297.11	297.11			
<b>Rocky Mountain Drug Testing</b>								
7495	Rocky Mountain Drug Testing	6687	08/06/2024	470.00	470.00	08/23/2024	08/23/2024	33124
7495	Rocky Mountain Drug Testing	6687	08/06/2024	250.00	250.00	08/23/2024	08/23/2024	33124
Total Rocky Mountain Drug Testing:				720.00	720.00			
<b>Rocky Mountain Power</b>								
5560	Rocky Mountain Power	073124	07/31/2024	2.19	2.19	08/23/2024	08/23/2024	33125
5560	Rocky Mountain Power	082224	08/01/2024	3,586.96	3,586.96	08/23/2024	08/23/2024	33125
5560	Rocky Mountain Power	082224	08/01/2024	9,479.31	9,479.31	08/23/2024	08/23/2024	33125
5560	Rocky Mountain Power	082224	08/01/2024	8,437.29	8,437.29	08/23/2024	08/23/2024	33125
Total Rocky Mountain Power:				21,505.75	21,505.75			
<b>Shirts &amp; More, Inc</b>								
5820	Shirts & More, Inc	43461	08/21/2024	188.00	188.00	08/23/2024	08/23/2024	33126
Total Shirts & More, Inc:				188.00	188.00			
<b>Sutherlands</b>								
6050	Sutherlands	032478	07/19/2024	42.99	42.99	08/23/2024	08/23/2024	33127
6050	Sutherlands	032821	07/30/2024	23.46	23.46	08/23/2024	08/23/2024	33127
Total Sutherlands:				66.45	66.45			
<b>Trans Union Risk &amp; Alternative</b>								
7392	Trans Union Risk & Alternative	233312-20240	08/01/2024	75.00	75.00	08/23/2024	08/23/2024	33128
Total Trans Union Risk & Alternative:				75.00	75.00			
<b>WLC Engineering Inc</b>								
6920	WLC Engineering Inc	2024-10521	08/08/2024	12,191.63	12,191.63	08/23/2024	08/23/2024	33129
6920	WLC Engineering Inc	2024-10523	08/08/2024	3,069.00	3,069.00	08/23/2024	08/23/2024	33129
6920	WLC Engineering Inc	2024-10526	08/08/2024	1,456.00	1,456.00	08/23/2024	08/23/2024	33129
6920	WLC Engineering Inc	2024-10535	08/08/2024	2,254.75	2,254.75	08/23/2024	08/23/2024	33129
6920	WLC Engineering Inc	2024-10536	08/08/2024	1,924.00	1,924.00	08/23/2024	08/23/2024	33129

Vendor	Vendor Name	Invoice Number	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Last Check Date	Last Check Number
	Total WLC Engineering Inc:			20,895.38	20,895.38			
	Grand Totals:			182,087.33	182,087.33			

Dated: \_\_\_\_\_

Mayor: \_\_\_\_\_

City Clerk: \_\_\_\_\_

City Council: \_\_\_\_\_

City Council: \_\_\_\_\_

City Council: \_\_\_\_\_

City Council: \_\_\_\_\_

City Council: \_\_\_\_\_

Department Heads: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only paid invoices included.

[Report].Vendor Number = {<->} {AND} 380 {AND} 4910 {AND} 790 {AND} 1310 {AND} 1340 {AND} 2080 {AND} 4200 {AND} 4210 {AND} 5470 {AND} 5480 {AND} 5950 {AND} 6480 {AND} 7040 {AND} 7280 {AND} 6450 {AND} 7170

[Report].Vendor Number = {OR} {IS NULL}



**ACH TRANSACTIONS**  
**8-27-24**

Date	Payor	AMOUNT
8/28/2024	Hub International Mountain State Limited	\$ 62,064.00
8/28/2024	307 Billing Services, LLC	\$ 2,000.00
<b>Total:</b>		<b>\$ 64,064.00</b>





# PAYROLL

Meeting Date: August 27, 2024

Payroll Type: Fire

Date Range: 7-30-24 to 8-10-24

Net: \$ 19,929.04

Deductions: \$ 5,398.15

Federal Taxes: \$ 1,509.00

Medicare: \$ 273.65

Retirement: \$ 2,241.02

Union Dues \$ 192.50

Child Support: \$ -

Insurance: \$ 1,073.36

Supplemental Retirement: \$ 81.42

Supplemental Insurance: \$ 27.20

**TOTAL PAYROLL: \$ 14,530.89**

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City Clerk, Sarah Osborn

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Mayor, Leah Juarez



## PAYROLL

Meeting Date: August 27, 2024

Payroll Type: Fire

Date Range: 8-11-24 to 8-22-24

Net: \$ 19,808.39

Deductions: \$ 5,399.92

Federal Taxes: \$ 1,503.00

Medicare: \$ 271.88

Retirement: \$ 2,227.45

Union Dues \$ 192.50

Child Support: \$ -

Insurance: \$ 1,073.36

Supplemental Retirement: \$ 81.42

Supplemental Insurance: \$ 27.20

**TOTAL PAYROLL: \$ 14,408.47**

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City Clerk, Sarah Osborn

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Mayor, Leah Juarez



# CITY OF MILLS

EST. 1921

## VOIDED CHECKS

**8-27-24**

CHECK #	DATE	PAYOR	AMOUNT
1899	8/14/2024	Jasmine Grinde-Barrera	\$2,040.00

**Total:                   \$    2,040.00**

**LOCAL GOVERNMENT PROJECT ARPA GRANTS RESOLUTION  
RESOLUTION 2024-33**

Entitled: A RESOLUTION AUTHORIZING SUBMISSION OF AN LOCAL GOVERNMENT PROJECT ARPA GRANTS APPLICATION TO THE STATE LOAN AND INVESTMENT BOARD ON BEHALF OF THE GOVERNING BODY FOR THE CITY OF MILLS

FOR THE PURPOSE OF:

Finished water storage tank; COVID/inflationary cost increases

**WITNESSETH**

**WHEREAS**, the Governing Body for the City of Mills desires to participate in the LOCAL GOVERNMENT PROJECT ARPA GRANT program to assist in financing this request; and

**WHEREAS**, the Governing Body for the City of Mills recognizes the need for the request; and

**WHEREAS**, the Local Government Project ARPA Grant program requires that certain criteria be met, as described in the State Loan and Investment Board’s Rules and Regulations governing the program, and to the best of our knowledge this application meets those criteria; and

**WHEREAS**, if any of the disbursed grant funds are later deemed to not comply with the SLIB criteria or the criteria of the American Rescue Plan Act (ARPA), the grant applicant agrees to repay the ineligible grant funds within 15 days of such finding to the Office of State Lands and Investments.

**NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF MILLS** that a grant application in the amount of \$442,260.00 be submitted to the State Loan and Investment Board for consideration at the next Board meeting after application processing to assist in funding the City of Mills Finished Water Storage Tank

**BE IT FURTHER RESOLVED**, that Sabrina Kemper, Community Development Director and Matt Williams, City Engineer are hereby designated as the authorized representatives of the City of Mills to act on behalf of the Governing Body on all matters relating to this grant application.

**PASSED, APPROVED AND ADOPTED THIS** \_\_\_\_\_ **day of** \_\_\_\_\_, **2024.**

BY:

\_\_\_\_\_  
Mayor, Leah Juarez

\_\_\_\_\_  
Councilman, Sara McCarthy

\_\_\_\_\_  
Councilman, Cherie Butcher

\_\_\_\_\_  
Councilman, Tim Sutherland

\_\_\_\_\_  
Councilman, Brad Neumiller

ATTEST:

\_\_\_\_\_  
City Clerk

# OFFICE OF STATE LANDS AND INVESTMENTS

## Local Government Project ARPA Grants

### Certification Statement

WHEREAS, the Governing Body for the

City of Mills

Hereby certifies that the funding being applied for under the LOCAL GOVERNMENT PROJECT ARPA GRANTS program will be used in accordance with all requirements and conditions of the ARPA, 2022 Wyo. Sess. Laws Ch. 50, and this Chapter. If it is determined that the funds were not used as intended, the recipient shall refund disbursed funds to the Office within fifteen (15) Business Day following notification

Furthermore, it is certified that I have read the information on evidence based interventions and project demographic distributions. If my project has either denotation, I have included the requirements and the dollar amount of the total project spending that is allocated towards evidence based interventions and/or project demographic distribution in the verbiage of the project description.

BE IT FURTHER RESOLVED, that

Sabrina Kemper, Community Development Director, Mike Coleman, City Administrator, Matt Williams, City Engineer  
*(Name and Title of Person(s))*

are hereby designated as the authorized representatives of the  
City of Mills  
to act on behalf of the Governing Body on all matters relating to this grant application.

PASSED, APPROVED AND ADOPTED THIS

\_\_\_\_\_ day of \_\_\_\_\_  
*(Date) (Month) (Year)*

\_\_\_\_\_  
*(Signature)*

Leah Juarez, Mills Mayor  
*(Name and Title)*

Attest:

\_\_\_\_\_  
*(Signature)*

Sarah Osborn, City Clerk  
*(Name and Title)*