



LICENSE YEAR: _____

Business License # _____

Mitchell County
BUILDING & ZONING DEPARTMENT
18 NORTH COURT STREET
CAMILLA, GEORGIA 31730

Phone: 229•336• 2060 ~ Fax: 229• 336•2362 ~ E-mail: mczoning@mitchellcountyga.net

BUSINESS LICENSE REGISTRATION BUSINESS/ REGULATORY LICENSE REGISTRATION

BUSINESS NAME: _____

D/B/A (if applicable): _____

BUSINESS TYPE: _____

BUSINESS PHYSICAL ADDRESS: _____
(No Post Office Boxes)

BUSINESS MAILING ADDRESS: _____

NUMBER OF EMPLOYEES: _____ 11 or more employees requires the following:

_____ (Federal Work Authorization User ID#) Date of Authorization _____

_____ (E-Verification#) Date of Authorization _____

E-VERIFICATION CURRENTLY ACTIVE _____ E-MAIL _____

BUSINESS PHONE NUMBER: _____ BUSINESS CELL NUMBER: _____

BUSINESS OWNER'S NAME: _____

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

Applicant Signature

Printed Name

Date

LICENSES THAT REQUIRE ADDITIONAL INFORMATION ARE STATE LICENSED BUSINESSES:
(Copy of Current State License)

BUSINESSES LOCATED OUTSIDE OF MITCHELL COUNTY:
(Copy of License Where Business is Located)

****BUSINESS LICENSE FEE IS \$100.00****

(BUSINESS WITH A STATE LICENSE & OBTAINING A COPY OF THE MITCHELL COUNTY LICENSE - FEE IS \$10.00)

