

**LICENSE YEAR:** \_\_\_\_\_ **MITCHELL COUNTY BUSINESS LICENSE#** \_\_\_\_\_

Mitchell County Governmental Complex  
Mitchell County Code Enforcement  
5201 US Hwy 19 South  
Camilla, Georgia 31730



Phone: 229-336-2060  
Fax: 229-336-2362  
E-Mail: [mczoning@mitchellcountyga.net](mailto:mczoning@mitchellcountyga.net)  
[Apply Online @ mitchellcountyga.net](http://ApplyOnline@mitchellcountyga.net)

**BUSINESS LICENSE**

**REGULATORY LICENSE**

**BUSINESS NAME:** \_\_\_\_\_

**DBA: (IF APPLICABLE):** \_\_\_\_\_

**BUSINESS TYPE:** \_\_\_\_\_

**BUSINESS PHYSICAL ADDRESS:** \_\_\_\_\_

(No Post Office Boxes) \_\_\_\_\_

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_

**FED ID OR SSN#:** \_\_\_\_\_ **STATE BUSINESS LICENSE#:** \_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_ **E-VERIFY NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_ **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**

**BUSINESS HOLDING A STATE LICENSE, REQUESTING A COPY OF THE MITCHELL COUNTY LICENSE:**  
**(Copy of Current State License)**  
**\*\* BUSINESS LICENSE FEE IS \$10.00\*\***

**BUSINESSES LOCATED OUTSIDE OF THE COUNTY**  
**BUSINESSES LOCATED INSIDE CITY LIMITS OF PELHAM, CAMILLA, SALE CITY & BACANTON**  
**(Copy of Business License Issued For Physical Address of Business)**  
**\*\*BUSINESS LICENSE FEE IS \$100.00\*\***