

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: tswain@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 & BACONTON

(Copy of Business License Issued For Physical Address of Business)

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