



Ben Hill County Georgia

Business License Application

www.benhillcounty.com

Date of Application _____

Business Information

Business Name _____

Street Address _____

City/State/Zip _____

Mailing Address _____

City/State/Zip _____

Business Phone _____ Email _____

Zoning Code _____ Map & Parcel _____

Type of Business _____

Description _____

Tax I.D. Number _____ Number of Employees _____ Yearly Fee _____

Owners Information

Full Legal Name _____

Address _____

City/State/Zip _____

Primary Phone _____ Email _____

Second Owners Information

Full Legal Name _____

Address _____

City/State/Zip _____

Primary Phone _____ Email _____

Applicants Signature _____

Applicants Signature _____