

BUSINESS LICENSE APPLICATION

BEN HILL COUNTY BUILDING AND ZONING DEPARTMENT

Date: _____

Owner(s) Information

First Name: _____ Last Name: _____

Address-Owner: _____

City: _____ State: _____

Phone-Owner: _____

First Name2: _____ Last Name2: _____

Address-Owner2: _____

City2: _____ State2: _____

Phone-Owner2: _____

Business Information

Business Name: _____

Address – Bus: _____

Zoning: _____

Type of Business: _____ Tax ID#: _____

Phone – Bus: _____

Description: _____

Number of Employees: _____ Yearly Fee: _____

Applicant Signature: _____

Applicant Signature: _____