## ST-C 214-1 (REV. 10/17/24)



Georgia Department of Revenue Sales Tax Contracting Unit 2595 Century Parkway NE Suite 317

Atlanta, GA 30345-3173 Phone: 1- 877-423-6711

 $\hbox{E-mail:}\ \underline{TSD\text{-}sales\text{-}tax\text{-}contractors@dor.ga.gov}$ 

Contract or Job Number:

Website: https://dor.georgia.gov

This application is not to be construed to discharge any obligation, bonded or otherwise imposed by section 48-8-63 Only original bonds, signed & notarized can be accepted. Bond not accepted for contracts less than \$10,000.

## NONRESIDENT CONTRACTOR'S APPLICATION FOR AUTHORIZATION TO PERFORM

STN:		Beginning Date of	Beginning Date of Activity:		
Bond Number:		Date of Release (for Department u	Date of Release (for Department use only):		
		-			
Name of Business:					
Street Address:					
City:		State:	ZIP Code:		
Type of Ownership:	Individual	Partnership	Corporation	Other	
Person For Whom Co	entract is to be Performe	ed:			
Street Address:					
City:		State:	ZIP Code:		
Job Location:		City:	County:		
Type of Contract Wor	k to be Performed:				
Beginning Date:	Anticipated Date of Job Completion:				
Total Cost of Contrac	t:				
n order for your application to be processed, please include the \$10 registration fee and Bond at 10% of the contract price.  Application must be completed in full and submitted on Georgia Tax Center (GTC).					
Remittance:	[] Online through GTC				
Signature				rporation, Authorized Officer must sign.)	
		Printed I	Name		
		Title			
		Email _			
		Contact	name		
		Contact	phone number		