



COAM License Cancellation Request Form

Please Fax Completed Form to 404-215-8897 Attn: RCA COAM Department

COAM License Number: _____

Legal Business Name: _____

Physical Address of Business: _____

City: _____ State: _____ Zip Code: _____

Owner(s) Full Name: _____

Owner(s) Phone Number: _____

Owner(s) Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Reason for Cancellation: _____

Cancellation Effective Date: _____

Financial Security Deposit (FSD) on File: YES ☐ NO ☐

*Address for FSD to be returned: _____

City: _____ State: _____ Zip Code: _____

**By signing and submitting this Cancellation Form, I acknowledge and understand that I will no longer be authorized to operate COAM's at the above stated location. I will be responsible for COAM revenues previously generated, but not yet collected. Additionally, even after the cancellation of my COAM license, I am still responsible for any pending citations, penalties, and fines resulting from a citation. Any funds owed to the Georgia Lottery Corporation will be redeemed from the FSD.*

Owner Printed Name: _____ Owner Signature: _____

Date Signed: _____