



## **COAM License Cancellation Request Form**

**IMPORTANT:** Email Completed Form to: [RCA-COAM@GALOTTERY.ORG](mailto:RCA-COAM@GALOTTERY.ORG)

**\*The Cancellation Form will ONLY be accepted from the email address on file for license\***

**COAM License Number:** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_

**Location Physical Address:** \_\_\_\_\_

**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:** \_\_\_\_\_