

Georgia Lottery Corporation

Coin Operated Amusement Machine (COAM) Division

Grant Access Request Form



INSTRUCTIONS FOR COMPLETING GRANT ACCESS REQUEST FORM: The Grant Access Request Form MUST be completed by an owner of record for the business indicated below. Completed Grant Access Request Forms MUST be faxed to (404) 215-5021. Allow 24 business hours for access to be granted to the account. If you have questions about completing this form, please contact **Retailer Services COAM Helpline at (800) 746-8546 Option 6 and 2.**

Please fill out ALL information requested below. Incomplete or incorrect information may delay the processing of your Grant Access Request Form.

BUSINESS AND LICENSE INFORMATION	
Corporate or Legal Name (List the name of the legal entity which owns the business and files income tax returns)	COAM License Number
Email Address	Username
Georgia State Tax Identifier (STI) Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employer Identification Number (EIN) <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SUBMISSION INFORMATION FOR COAM LICENSE HOLDER, OWNER OR PRINCIPAL	
Printed Name of COAM License Holder, Owner or Principal	Title or Position
Signature of COAM License Holder, Owner or Principal	Date

Submit the Grant Access Request Form by fax to (404) 215-5021

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