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Georgia Department of Revenue
ATD-COAM
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(404) 417-4900
ATDIV@dor.ga.gov

STATE TAXPAYER ID NUMBER _____

MASTER LICENSE NUMBER _____

Please type or print legible. All information below must be complete. Any incomplete information will result in the rejection of the COAM application. This form is required for all COAM class A and B Master License Applications and Renewals.

COIN OPERATED AMUSEMENT MACHINE LOCATION LIST

LOCATION LEGAL BUSINESS NAME	LOCATION TRADE NAME	LOCATION ADDRESS	CITY, ZIP CODE	NUMBER OF CLASS A MACHINES	NUMBER OF CLASS B MACHINES

If additional pages are required, please use a blank copy of this form.