

Year _____

Business Name _____

License Number _____



Floyd County Coin Operated Amusement Game Room Application

New COAM Location

Existing COAM Location

NOTE: Please answer all questions. Failure to answer any question in this application or falsely answering any question in this application will result in the rejection of the application.

Date: _____

Type of Business: Convenience Store Recreational Club/Bar Restaurant

Other _____

Business Name: _____

Business Address: _____

1. APPLICANT:

Full Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Age: _____

2. OWNER OF MACHINES:

Full Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

3. List any other businesses owned or operated by the applicant within corporate limits of Floyd County.

4. List any other licenses or permits from Floyd County held by the applicant.

5. List of permit sticker numbers issued by the Georgia Lottery Corporation to the Master License Holder identifying and placed on each COAM located on the premises.

6. Attached to this Application is a plat prepared by a Georgia Registered Land Surveyor certifying that: the building in which COAMs will be is more than 300 feet from any church, library, school, college, public park, public housing, public hospital, government owned treatment center, or 250 feet from private residence in a residential zoning district as defined by the **County COAM Ordinance**.

Yes No

By signing below, I hereby certify that all of the information contained in this Application is true and accurate, to the best of my knowledge and belief and that I have been provided a copy of the Floyd County Bona Fide Con Operated Amusement Machine Ordinance (the "Ordinance") by the Floyd County Clerk.

I also understand that the Ordinance applies to all current and past Locations, Location Owners and Location Operators, and Master License Holders, and each shall certify to the County Clerk that they are in compliance with the location, minimum distance, plain view and limitation to six (6) machines within one year from the adoption of this Ordinance. All other provisions are immediately enforceable for all Locations, Location Owners and Location Operators, and Master License Holders.

Applicant Signature:

If Applicant is a Corporation:

Authorized Officer's Position: _____

Secretary's Signature:

Partners Signature, if applicable:

Print: _____ Signature : _____

Print: _____ Signature : _____

Print: _____ Signature : _____

Print: _____ Signature : _____

Print: _____ Signature : _____

PAYMENT INFORMATION

Date Fees Paid: _____

Amount Paid: _____

Cash _____

Check/Money Order # _____

Payment Received by: _____