



Cancellation Form

RETAILER INFORMATION

Business Name _____

Forward Address (If Applicable) _____

Retailer ID # Range _____ through _____ Date _____

ACKNOWLEDGEMENT

In order to complete your cancellation, a Louisiana Lottery Corporation representative must take possession of your retailer license, lottery equipment, and remaining tickets (if any).

I, _____, hereby acknowledge and agree to the
(Please Print)

conditions of cancellation stated for the above retailer number (s). I authorize termination of the above lottery license(s) effective: _____ a.m.
(time) p.m.
_____ (date)

Authorized Retailer Signature _____

Title _____

FOR LOTTERY USE ONLY

1. Is this a Change in Ownership?

Yes New Business Name _____ New Retailer # _____

No

Lottery Representative Signature _____ Date _____

Other Comments

