

SPECIAL INSTRUCTIONS FOR PETITIONERS:

**THIS SHEET MUST BE SENT TO THE OHIO DIVISION OF LIQUOR CONTROL
FOR ALL QUESTIONS ON FORMS 5A, 5C, 5D, 5E, 5P, 5Q AND 5T**

Revised Code Sections 4301.33, 4301.332 and 4305.14

**THIS INFORMATION MUST BE RECEIVED BY THE OHIO DIVISION OF LIQUOR
CONTROL NO LATER THAN**

_____, _____, _____
(Month) (Day) (Year)

MAIL OR DELIVER TO:

Ohio Department of Commerce
Division of Liquor Control
ATTN: PERMIT DIVISION
6606 Tussing Road
P. O. Box 4005
Reynoldsburg, Ohio 43068-9005

PETITION FILING DEADLINE: _____, _____
(Month) (Day) (Year)

DATE OF ELECTION: _____, _____
(Month) (Day) (Year)

QUESTION(S) TO BE PRESENTED TO ELECTORS:

(Form #) (Question(s))

Precinct Name: _____
(Name) (City/Village/Township) (County)

Please return the permit holder information to:

(Name of Petitioner)

(Street and Number or Rural Route)

(City or Village, State and Zip Code)

(Area Code, Phone Number)