

**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, OH 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: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(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)