Form No. 5-N Prescribed by the Ohio Secretary of State (09-17)

# Affidavit of Local Option Petitioner

*R.C. 4301.33, 4301.332, 4301.333 and 4305.14*

## For Petition Forms 5-A, 5-C, 5-D, 5-E, 5-P, 5-Q and 5-T:

I, _____ , the petitioner for a local option petition authorized by
**Insert** Name of Petitioner
R.C. 4301.32, 4301.322 or 4305.14, certify that I notified all affected permit holders on the list provided by the Ohio Division of Liquor Control of the circulation of a petition for an election for the submission of one or more of the questions specified in R.C. 4301.35(A) through (D), R.C. 4301.351, R.C. 4301.353, R.C. 4301.354, or R.C. 4305.14(B), as applicable. The notice was sent by certified mail within five days after I received the list from the Division. I also certify that each part-petition contained a copy of the list of affected permit holders, if any, at the time each signer of the petition affixed his/her signature to the petition.

_____
Signature of Petitioner

_____
Street and Number

_____ _____ _____
City or Village State Zip Code

Sworn to and signed by _____ in my presence in _____ ,
Name of Signer City

County of _____ , State of Ohio, this _____ day of _____ , _____ .
County Day Month Year

_____
Signature and Seal of Notary Public
Notary Public, State of Ohio
My commission expires _____

## For Petition Form 5-R (*Question on Particular Use at a Specific Location*):

I, _____ , the petitioner for a local option petition authorized under
**Insert** name of Petitioner, including name of business, if applicable, as it appears on petition
R.C. 4301.333, certify the proposed use of the location at _____ after the local
**Insert** street address, including city and zip code
option election will be _____ .
**Insert** description of use

_____
Signature of Petitioner

_____
Street and Number

_____ _____ _____
City or Village State Zip Code

Sworn to and signed by _____ in my presence in _____ ,
Name of Signer City

County of _____ , State of Ohio, this _____ day of _____ , _____ .
County Day Month Year

_____
Signature and Seal of Notary Public
Notary Public, State of Ohio
My commission expires _____

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**