Municipal Petition
ALCOHOLIC LIQUORS REFERENDUM

TO: The Mayor and Board of Alderman of the City or Town of ________________________________.

We, the undersigned qualified electors of the City or Town of _______________________, State of Mississippi, hereby petition that an election be called on the question of whether or not the sale and possession, and the receipt, storage and transportation for the purpose of sale and possession of alcoholic beverages shall be permitted in said municipality as provided in Chapter 1, Title 67, Mississippi Code of 1972, as amended.

1. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

2. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

3. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

4. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

5. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

6. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

7. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

8. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

9. SIGNATURE ____________________________________________  Printed Name ____________________________________
   Address _________________________________________________  Precinct _________________________________________

10. SIGNATURE ____________________________________________  Printed Name ____________________________________
    Address _________________________________________________  Precinct _________________________________________

Copy this form for succeeding pages. The appropriate registrar must certify signatures on this form.

The opening paragraph of each page of signatures MUST include:
(1) The name of the candidate, (2) office sought, and (3) date of the election.