

# PROOF OF SERVICE

I declare that I am a resident of or employed in the County of \_\_\_\_\_,  
(county)

State of California. I am over the age of 18 years. The name and address of my residence or business is

\_\_\_\_\_  
(name, address, city, state, zip, email address)

\_\_\_\_\_  
(name, address, city, state, zip, email address)

On \_\_\_\_\_, I served a copy of \_\_\_\_\_  
(date) (name of motion, brief, document, etc.)

\_\_\_\_\_ to the parties listed below in case number \_\_\_\_\_, via the following manner of service  
(reg. and/or AB number)

(select at least one):

Email to [abcboard@abcappeals.ca.gov](mailto:abcboard@abcappeals.ca.gov), \_\_\_\_\_, and additional  
(Department of ABC email)

parties: \_\_\_\_\_

Placing a true copy thereof enclosed in a sealed envelope for collection and delivery by the United States Postal Service, or private delivery service following ordinary business practices with postage and other costs prepaid, or by personal delivery to:

**ONE COPY**

Alcoholic Beverage Control Appeals Board  
400 R Street, Suite 320  
Sacramento, CA 95811

**ONE COPY**

Department of Alcoholic Beverage Control  
3927 Lennane Drive, Suite 100  
Sacramento, CA 95834

Additional Parties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was

executed on \_\_\_\_\_, at \_\_\_\_\_, California.  
(date) (city)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print full name)