

# 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 code)

On \_\_\_\_\_, I served a Notice of Appeal from the Department decision in  
(date)  
case number \_\_\_\_\_ on the parties listed below either by placing a true  
(reg. number)  
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 or  
other costs prepaid, or by personal delivery.

Alcoholic Beverage Control Appeals Board  
1325 J St. Ste 1560  
Sacramento, CA 95814  
(original and 3 copies)

Department of Alcoholic Beverage Control  
3927 Lennane Dr. #100  
Sacramento, CA 95834  
(1 copy)

Additional Parties:

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

(1 copy per party; append additional pages if necessary)

I declare under penalty of perjury that the foregoing is true and correct and that this  
declaration was executed on \_\_\_\_\_, at \_\_\_\_\_, California.  
(date) (city)

\_\_\_\_\_  
(print or type name)

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