

# PROOF OF SERVICE

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

\_\_\_\_\_  
(phone number, e-mail address)

On \_\_\_\_\_, I served a Notice of Appeal from the Department decision in case  
(date)  
number \_\_\_\_\_ on the parties listed below either by placing a true copy thereof  
(reg. number)  
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. In addition, please send us a pdf copy via e-mail.

Alcoholic Beverage Control Appeals Board  
1325 J Street, Suite 1560  
Sacramento, CA 95814  
(original and 3 copies)  
([abcboard@abcappeals.ca.gov](mailto:abcboard@abcappeals.ca.gov))

Department of Alcoholic Beverage Control  
3927 Lennane Drive, Suite 100  
Sacramento, CA 95834  
(1 copy)  
([yuri.jafarinejad@abc.ca.gov](mailto:yuri.jafarinejad@abc.ca.gov))

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)