

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, _____, 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)