

**NOTICE OF APPEAL**

ABCAB Form 1000 (Rev. 7/23)



**Directions:** Any person who disagrees with a final decision of the Department of Alcoholic Beverage Control may appeal by completing this form and submitting it to the Alcoholic Beverage Control Appeals Board before the deadline (in accordance with 4 CCR section 183). More information is available at [www.abcab.ca.gov](http://www.abcab.ca.gov) (scan QR code) or 916-445-4005.

**Notice is hereby given that the party below appeals the decision rendered against them by the Department of ABC, as authorized by Business and Professions Code section 23081.**

Your Name: \_\_\_\_\_ File Number(s): \_\_\_\_\_  
(For licensees only)

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Licensee/Case name: \_\_\_\_\_

Date of Department Decision: \_\_\_\_\_ Reg number(s): \_\_\_\_\_

Bar Number: \_\_\_\_\_ Relationship to Appellant(s): \_\_\_\_\_  
(if applicable)

**Grounds for Appeal (Check all boxes that describe the reason for your appeal):**

- ☐ The Department proceeded without or in excess of its jurisdiction.
- ☐ The Department did not proceed in the manner required by law.
- ☐ The decision by the Department is not supported by the findings.
- ☐ The findings are not supported by substantial evidence in light of the whole record.
- ☐ There is relevant evidence, which, in the exercise of reasonable diligence, could not have been produced or which was improperly excluded at the hearing before the Department.

**(Optional) Tell us why you disagree with the Department's decision. Identify specific questions for the Board to consider in its review:** (add additional pages if necessary)

**Do you plan to present oral argument at the Board's hearing?**

Yes      No

**Proof of Service:** Pursuant to 4 CCR 181, any person submitting this form to the Appeals Board must attach a [proof of service](#) showing that a copy of this completed form has been served on all parties to this appeal, including the Department of ABC.

\_\_\_\_\_  
Signature of appellant(s) or authorized representative

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Date