

8064

**DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU  
APPLICATION FOR AND CERTIFICATION/EXEMPTION OF  
LABEL/BOTTLE APPROVAL**  
*(See Instructions and Paperwork Reduction Act Notice Below)*

**PART I - APPLICATION**

1. REP. ID. NO. (if any) 1014

2. PLANT REGISTRY/BASIC PERMIT/BREWERS NO. (Required) VA-I-416

3. SOURCE OF PRODUCT (Required)  
 Domestic  Imported

4. SERIAL NUMBER (Required) 101676

5. TYPE OF PRODUCT (Required)  
 WINE  DISTILLED SPIRITS  MALT BEVERAGES

6. BRAND NAME (Required) LEO HILLINGER

7. FANCIFUL NAME (if any) LEITHABERG

8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT, OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON THE LABEL. (Required)  
Select Wines, Inc.  
14000 Willard Road, Ste. 3  
Chantilly, VA 20151

**8a. MAILING ADDRESS, IF DIFFERENT**

9. EMAIL ADDRESS Kate.Norris@SteWines.com

10. FORMULA/SOP NO. (if any)

11. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (if any)

12. NET CONTENTS 750 ml, 15L

13. ALCOHOL CONTENT 13.5

14. WINE APPELLATION (if on label) BURGMANLAND/AUSTRIA

15. WINE VINTAGE DATE (if on label) 2008

16. PHONE NUMBER 703-651-8100

17. FAX NUMBER 703-222-4894

18. TYPE OF APPLICATION (CHECK applicable boxes)  
 CERTIFICATE OF LABEL APPROVAL  
 CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL  
 \*For sale in \_\_\_\_\_ only\* (fill in State abbreviation)  
 DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE \_\_\_\_\_ (fill in amount)  
 RESUBMISSION AFTER REJECTION TTB ID \_\_\_\_\_

19. SHOW ANY WORKING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, corks, seals, etc.) OTHER THAN THE LABELS, AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., rivets, corks, etc.). THIS WORKING MUST BE NOTED HERE EVEN IF IT DUPLICATES PORTIONS OF THE LABELS AFFIXED BELOW. ALSO, PROVIDE TRANSLATIONS OF FOREIGN LANGUAGE TEXT APPEARING ON LABELS.

**PART II - APPLICANT'S CERTIFICATION**

Under the penalties of perjury, I declare: that all statements appearing on this application are true and correct to the best of my knowledge and belief; and, that the representations on the labels attached to this form, including supplemental documents, truly and correctly represent the content of the containers to which these labels will be applied. I also certify that I have read, understood and complied with the conditions and instructions which are attached to an original TTB F 5100.31, Certificate/Exemption of Label/Bottle Approval.

20. DATE OF APPLICATION 9/17/10

21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Kate Norris

22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT Kate Norris

**PART III - TTB CERTIFICATE**

23. DATE ISSUED OCT 22 2010

24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU Anna Y. Green

QUALIFICATIONS \* FOR TTB USE ONLY

EXPIRATION DATE (if any)

AFFIX COMPLETE SET OF LABELS BELOW (See General Instructions 4, 6 and 7)



FRONT



BACK

DB