

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION FOR AND CERTIFICATION/EXEMPTION OF
LABEL/BOTTLE APPROVAL
(See Instructions and Paperwork Reduction Act Notice on Back)

PART I - APPLICATION

7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE *(Required)*
 Select Wines, Inc
 14000 Willard Rd. Suite 3
 Chantilly VA 20151-2929

1. VENDOR CODE (Required) 2. SERIAL NUMBER (Required)
 8250 07-409

3. BRAND NAME (Required)
 STRAUSS
 SAUVIGNON BLANC
 GAMLITZBERG

4. CLASS AND TYPE (Required) (Includes wine variety designation, if applicable)
 SAUVIGNON BLANC

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

8. FORMULA NO. (If any) 9. LAB. NO./DATE 10. NET CONTENTS 11. PHONE NUMBER 12. TYPE OF APPLICATION (Check applicable box)
 750 ML 173 651-8100 a. CERTIFICATE OF LABEL APPROVAL
 13.5% 13.5% only, if silver on label b. CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL (For use only if a fine imposed)
 2001 c. Destructive LIQUOR BOTTLE APPROVAL - TOTAL BOTTLE CAPACITY IN LITER CLOSURE (For use only)

17. SHOW ANY WRITING OR APPEARANCES ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g. caps, corks, ovals, etc.) OTHER THAN THE LABELS AFFIXED BELOW OR IN EMBOSSED ON THE CONTAINER. THIS WRITING 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 appear on the reverse of an original ATF F 5100.31, Certificate/Exemption of Label/Bottle Approval.

18. DATE OF APPLICATION 19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT 20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT
 9/13/02 Jennifer Gaines Jennifer Gaines

PART III - ATF CERTIFICATE

This certificate is issued subject to applicable laws, regulations and conditions as set forth on the back of this form.
 21. DATE ISSUED 22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
 SEP 25 2002 *dfg/line*

QUALIFICATIONS FOR ATF USE ONLY

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW



BACK

FRONT