

10067-000-000055

TTB ID:  10067-000-000055

CT, OR

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

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 Rd Suite 3
Charlottesville VA 20151-2929

8a. MAILING ADDRESS, IF DIFFERENT

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

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (required)
VA-I 416

3. SOURCE OF PRODUCT (Required)
 Domestic Imported

4. SERIAL NUMBER (Required)
10-646

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

6. BRAND NAME (Required)
MITTELBAACH

7. FANCIFUL NAME (if any)
ROSE

9. EMAIL ADDRESS
Kate.Norris@SelectWines.com

10. FORMULA/SOP NO. (if any)

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

12. NET CONTENTS
750 mL

13. ALCOHOL CONTENT
12%

14. WINE APPELLATION (if on label)
Lower Austria / Austria

15. WINE VINTAGE DATE (if on label)
2009

16. PHONE NUMBER
703-631-8100

17. FAX NUMBER
703-222-9894

18. TYPE OF APPLICATION (Check applicable box(es))

a. CERTIFICATE OF LABEL APPROVAL

b. CERTIFICATE OF EXEMPTION FROM LABEL APPROV. *For sale in _____ only (fill in State abbreviation)*

c. DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE _____ *(fill in amount)*

d. RESUBMISSION AFTER REJECTION

TTB ID _____

19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., cap, corks, coaks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., net contents, etc.). THIS WORDING 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 21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT 22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT

3/5/10 Kate Norris Kate Norris

PART III - TTB CERTIFICATE

This certificate is issued subject to applicable laws, regulations and conditions as set forth in the instructions portion of this form.

23. DATE ISSUED MAR 3 1 2010

24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

Need a Signature

QUALIFICATIONS FOR TTB USE ONLY

EXPIRATION DATE (if any)

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



FRONT



BACK