

OMB No. 1512-0092 (03/31/2001)

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DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION FOR AND CERTIFICATION/EXEMPTION OF
LABEL/BOTTLE APPROVAL 1007

(See Instructions and Paperwork Reduction Act Notice on Back)

PART I - APPLICATION

1. VENDOR CODE (Required)	2. SERIAL NUMBER (Required)
9 7 0 8	YEAR 0 2 - 6 2
3. BRAND NAME (Required) Poison Wild Berry Schnapps	
4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) Liqueur	
5. FANCIFUL NAME (If any)	
6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required) DSP-ME-2	

7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required)

White Rock Distilleries, Inc. DSP-ME-2
 21 Saratoga St.
 Lewiston, Me 04240

7a. MAILING ADDRESS, IF DIFFERENT

P.O. Box 1829
 Lewiston, Me 04241-1829

8. FORMULA NO. (If any) 1288	9. LAB. NO./DATE	10. NET CONTENTS 750 ml	11. PHONE NUMBER (207) 783-1433	16. TYPE OF APPLICATION (Check applicable box)
12. AGE (Distilled Spirits) n/a	13. ALCOHOL CONTENT 40%	14. VINTAGE (Wine products only, if stated on label) n/a	15. FAX NUMBER (207) 783-8409	a. <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL b. <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in _____ only" (Fill in State abbreviation) c. <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)

17. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, celloseals, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) EMBOSSED ON THE CONTAINER. 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.

Net Content Blown into Bottle

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 09/26/02	19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>Dennis N. Coulombe</i>	20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT Dennis N. Coulombe President
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PART III - ATF CERTIFICATE

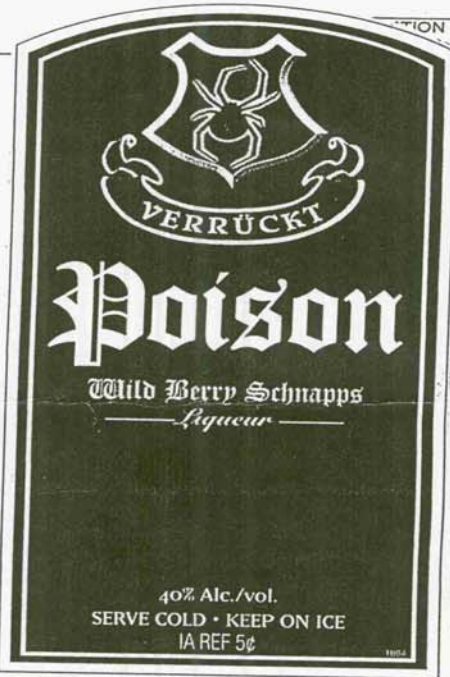
This certificate is issued subject to applicable laws, regulations and conditions as set forth on the back of this form.

21. DATE ISSUED Oct 18 2002	22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <i>Frankie Johnson</i>
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FOR ATF USE ONLY

QUALIFICATIONS

AFFIX COMP



ION DATE (If any)

ATF F 5100.31 (4-98) PREVIOUS EDITIONS ARE OBSOLETE

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