

ID  01204-000-000046
 CT 900 OR 48 AP

DEPARTMENT OF THE TREASURY
 BUREAU OF ALCOHOL, TOBACCO AND FIREARMS **1226**
APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL
 (See Instructions and Paperwork Reduction Act Notice on Back)

PART I - APPLICATION

1. VENDOR CODE (Required) 5 8 4 0	2. SERIAL NUMBER (Required) YEAR 0 1 - 1 1 0 C	7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required) Miller Brewing Company TRADING AS The Steel Brewing Co. Milwaukee, WI			
3. BRAND NAME (Required) Sparks Ignition System		7a. MAILING ADDRESS, IF DIFFERENT Barbara A. Whitehead Miller Brewing Company 3939 West Highland Blvd. P. O. Box 482 Milwaukee, WI 53201-0482			
4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) Malt Beverage w/Caffeine with Natural & Artificial Flavor		8. FORMULA NO. (If any) 0115900400012	9. LAB. NO./DATE	10. NET CONTENTS 16 oz.	11. PHONE NUMBER (414) 931-4962
5. FANCIFUL NAME (If any) Sparks Ignition System		12. AGE (Distilled Spirits) 6.0	13. ALCOHOL CONTENT 6.0	14. VINTAGE (Wine products only, if stated on label)	15. FAX NUMBER (414) 931-4818
6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required) See #7		16. TYPE OF APPLICATION (Check applicable box) <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in only" (Fill in State abbreviation) <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, cellophane, 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.

Reduced 73%

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 07/26/01 19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT *Barbara A. Whitehead* 20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT
Barbara A. Whitehead
Regulatory Affairs Specialist

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 JUL 25 2001 22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
Diana M. Tule

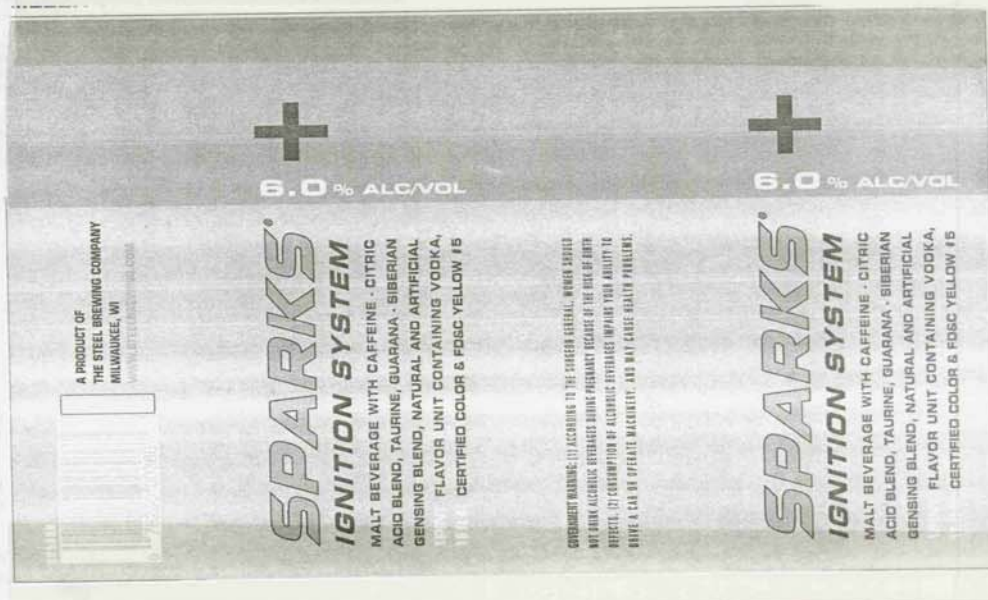
FOR ATF USE ONLY

QUALIFICATIONS _____

EXPIRATION DATE (If any) _____

16 oz. Can

AFFIX COMPLETE SET OF LABELS BELOW



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

21