**OMB No. 1513-0020** (01/31/2009)

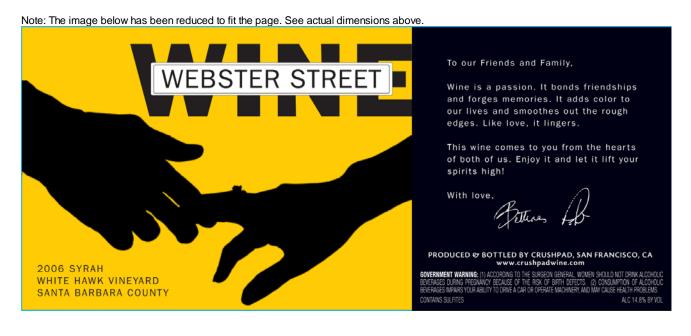
FOR TTB USE ONLY			DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU			
TTB ID 08007001000113			APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL			
1. REP. ID. NO. (If any)	<b>CT</b> 88	<b>OR</b> 01	(5	= :	DEFROVAL DERWORK REDUCTION ACT NOTICE ON Back)	
		ı	PART I	- APPLICATION		
2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)	WER'S Domestic		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 LABEL (Required)			
BWN-CA-15000	N-CA-15000 Imported		CRUSHPAD, INC. 2573-75 THIRD ST			
4. SERIAL NUMBER (Required) 080723	5. TYPE OF PRODUCT (Required)  WINE  DISTILLED SPIRITS  MALT BEVERAGE		SAN FRANCISCO CA 94107			
6. BRAND NAME (Required) WEBSTER STREET 7. FANCIFUL NAME (If any)			8a. MAII	LING ADDRESS, IF DIFF	ERENT	
9. EMAIL ADDRESS	·· <b>·y</b> /	10 FORMULA	SOP NO	11 LAB NO & DATE /	18. TYPE OF APPLICATION	
MICHAEL@CRUSHPADWINE.COM (If any)			001 110	PREIMPORT NO. & DATE (If any)	(Check applicable box(es))	
		13. ALCOHOL CONTENT 14.8		14. WINE APPELLATION IF ON LABEL SANTA BARBARA COUNTY	a.  CERTIFICATE OF LABEL APPROVAL  b. CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL  "For sale in only" (Fill in State abbreviation.)	
15. WINE VINTAGE DATE IF ON LABEL 2006		<b>16. PHONE NUMBER</b> (415) 864-4232		17. FAX NUMBER (415) 864-4232	C. DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)	
					d. RESUBMISSION AFTER REJECTION TTB ID. NO	
OTHER THAN THE LABL	ES AFFIXE IST BE NOT IS OF FORE	D BELOW, OR ( ED HERE EVEN EIGN LANGUAG	b) BLOW NF IT DU	N, BRANDED OR EMBOS PLICATES PORTIONS O	CONTAINER (e.g., caps, celoseals, corks, etc.) SSED ON THE CONTAINER (e.g., net contents F THE LABELS AFFIXED BELOW. ALSO, .	
		PART II -	APPLIC	CANT'S CERTIFICA	TION	
and belief; and, that the re the content of the contained	presentationers to which t	ns on the labels a hese labels will b	attached to be applied	o this form, including suppl d. I also certify that I have re	re true and correct to the best of my knowledge emental documents, truly and correctly represent ead, understood and complied with the kemption of Label/Bottle Approval.	
20. DATE OF APPLICATION (Application was e-filed)  01/07/2008				RIZED AGENT	22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT MICHAEL BRILL	
		ΡΔΓ	RT III - T	TTB CERTIFICATE		
	subject to				set forth in the instructions portion of this	
form.  23. DATE ISSUED 24.	AUTHORIZ	ED SIGNATURI	E. AI COL	HOL AND TORACCO TA	X AND TRADE BUREAU	
01/08/2008	$\bigcap$	0 0				

FOR TTB USE ONLY					
QUALIFICATIONS	EXPIRATION DATE (If any)				
STATUS					
THE STATUS IS APPROVED.					
CLASS/TYPE DESCRIPTION					
DESSERT /PORT/SHERRY/(COOKING) WINE					

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Brand (front)

Actual Dimensions: 8.25 inches W X 3.63 inches H



TTB F 5100.31 (6/2006) PREVIOUS EDITIONS ARE OBSOLETE