OMB No. 1513-0020

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

FOR TTB USE ONLY				DEPARTMENT OF THE TREASURY				
TTB ID			ALCOHOL AND TOBACCO TAX AND TRADE BUREAU APPLICATION FOR AND					
09058001000330			CERTIFICATION/EXEMPTION OF LABEL/BOTTLE					
			CLK		PPRO			
1. REP. ID. NO. (If any) CT OR			(See Instructions and Paperwork Reduction Act Notice on Back)					
162 69								
]			DADTI	ADDI ICATION				
PART I - APPLICATION 8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT								
2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) 3. SOURCE OF PRODUCT (Required) Domestic		REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON LABEL (Required)						
OR-I-15004	· · · /			SIDE POCKET FOODS CO. 1780 CARNEGIE WAY				
4. SERIAL NUMBER 5. TYPE OF PRODUCT (Required) (Required)			COTTAGE GROVE OR 97424					
090227	. , , , ,		VISION BEVERAGE (Used on label)					
✓ DISTIL		LED SPIRITS	PIRITS					
	BEVERAGE	<u>:</u>						
6. BRAND NAME (Requi	irad)		82 MAII	ING ADDRESS, IF DIFF	EDENT			
SIN CITY			oa. WAIL	ING ADDRESS, II DII I	LIXLINI			
7. FANCIFUL NAME (If a	ny)							
9. EMAIL ADDRESS 10. FORMUL					1 -			
I MEGAN@SIDEPOCKETCORP.COM		NO. (If any)		PREIMPORT NO. & DATE (If any)		applicable box(es))		
					a.	CERTIFICATE OF LABEL APPROVAL		
		13. ALCOHOL CONTENT		14. WINE APPELLATION IF ON				
750 MILLILITERS		40		LABEL	b.	CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in only" (Fill in State abbreviation.)		
15. WINE VINTAGE DATE IF ON 16.		16. PHONE NUMBER		17. FAX NUMBER	C.	DISTINCTIVE LIQUOR BOTTLE APPROVAL.		
LABEL		(541) 767-9146		(541) 942-0135		TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)		
					d.	RESUBMISSION AFTER REJECTION TTB ID. NO		
OTHER THAN THE LABL	LES AFFIXED JST BE NOTE	BELOW, OR (D HERE EVEN	(b) BLOWI NIFIT DU	N, BRANDED OR EMBOS PLICATES PORTIONS O	SSED ON F THE LAI	IER (e.g., caps, celoseals, corks, etc.) THE CONTAINER (e.g., net contents BELS AFFIXED BELOW. ALSO,		
		PART II -	APPLIC	CANT'S CERTIFICAT	ΓΙΟΝ			
and belief; and, that the re the content of the contain	epresentations ers to which th	on the labels a ese labels will l	attached to be applied	this form, including suppl	emental de ead, under	d correct to the best of my knowledge ocuments, truly and correctly represent stood and complied with the of Label/Bottle Approval.		
20. DATE OF APPLICATION (Application was e-filed) (Application was e-filed)				AUTHORIZED AGENT		T NAME OF APPLICANT OR RIZED AGENT MEYERS		
		DAF	י ווו דס	TB CERTIFICATE	<u> </u>			
1	I subject to a				set forth in	n the instructions portion of this		
form. 23. DATE ISSUED 24.	AUTHORIZE	D SIGNATURI	E. AI COL	IOL AND TOBACCO TA	X AND TE	RADE BUREAU		
		Z. foh						

FOR TTB USE ONLY				
QUALIFICATIONS	EXPIRATION DATE (If any)			
STATUS				
THE STATUS IS APPROVED.				
CLASS/TYPE DESCRIPTION				
CANADIAN WHISKY USB				

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Brand (front) Actual Dimensions: 04.00 inches W X 04.00 inches H



Image Type: Back Actual Dimensions: 02.75 inches W X 04.00 inches H



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