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**DEPARTMENT OF THE TREASURY**  
**BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**  
**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) 0 1 1 1 9 0	2. SERIAL NUMBER (Required) YEAR 9 9 - 3	7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required) Skyy Spirits, Inc. 2822 Van Ness Avenue San Francisco, CA 94109
3. BRAND NAME (Required) Campari	4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) Liqueur	7a. MAILING ADDRESS, IF DIFFERENT
5. FANCIFUL NAME (If any)	6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required) CA-I-447 6	

8. FORMULA NO. (If any)	9. LAB. NO./DATE 94071413	10. NET CONTENTS 1L, 750ml	11. PHONE NUMBER (415) 931-2000	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)
12. AGE (Distilled Spirits)	13. ALCOHOL CONTENT 24.7%	14. VINTAGE (Wine products only, if stated on label)	15. FAX NUMBER (415) 931-7353	

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.  
**"CAMPARI" is blown into the bottle and printed on the top of the cap. "DAVIDE CAMPARI MILANO" is printed on the cap skirt. Capacity of the bottle is blown into glass.**

**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 5-12-99	19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>David A. Kanbar</i>	20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT David A. Kanbar Secretary
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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 MAY 21 1999	22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <i>[Signature]</i>
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FOR ATF USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW

FRONT



BACK



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