TTB ID  07333-000-000252  1. REP. ID. NO. ((fept))  2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)  NJ - 1 - 15016  Domestic		RODUCT	DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL (See Instructions and Paperwork Reduction Act Notice Below) PART I - APPLICATION  8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT, OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF		
YEAR 0 7 0 4 6 6. BRAND NAME (Require	(Required)  WINE  DISTILLED  MALT BEVE	SPIRITS	Selective Wine Esti 9 Tanglewood Dr. East Hanover, NJ O	ates, Inc. 7936	
Mommy's Time Out 7. FANCIFUL NAME (If ar 9. E-MAIL ADDRESS	10. FORMUL	LA/SOP NO. 1	1. LAB. NO. & DATE/PRE-	18. TYPE OF APPLICATI	ION (Check applicable box(es))
mistercinc@aol.com  12. NET CONTENTS  750ml	13. ALCOHOL CONTENT	14. WINE	IMPORT NO. & DATE (If any)  APPELLATION (If on label) sezie	"For sale in c. DISTINCTIVE LIQUE	XEMPTION FROM LABEL APPROVA  only" (Fill in State abbreviation)  OR BOTTLE APPROVAL. TOTAL
15. WINE VINTAGE DATE (If on label) 2007	11.5% 16. PHONE NUMB 973-722-3	BER	17. FAX NUMBER 973-515-9061	BOTTLE CAPACITY BEFORE CLOSURE  (Fill in amount)  d. RESUBMISSION AFTER REJECTION  TTB ID	
and, that the representation containers to which these I attached to an original TTE 20. DATE OF APPLICATION 11-28-2007	is on the labels attaction will be applied. F 5100.31, Certificate. SIGNATURE OF	I statements applied to this form. I also certify to the Exemption of APPLICANT O	DR AUTHORIZED AGENT 22. PR Micha PART III - TTB CERTIFICATE	e and correct to the best ents, truly and correctly re complied with the condition INT NAME OF APPLICAL el J. Cincotta	spresent the content of the ons and instructions which are NT OR AUTHORIZED AGENT
and, that the representation containers to which these I attached to an original TTE 20. DATE OF APPLICATION 11-28-2007	is on the labels attactions will be applied. F 5100.31, Certificate 1. SIGNATURE OF	I statements applied to this form. I also certify to the Exemption of APPLICANT O	ppearing on this application are tru rm, including supplemental docume that I have read, understood, and of of Label/Bottle Approval. DR AUTHORIZED AGENT  22. PR  Micha	e and correct to the best ents, truly and correctly re complied with the condition INT NAME OF APPLICAL el J. Cincotta et forth in the instructions	peresent the content of the ons and instructions which are NT OR AUTHORIZED AGENT portion of this form.
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and, that the representation containers to which these I attached to an original TTB 20. DATE OF APPLICATION //-28-2007  This certificate 23. DATE ISSUED DEC 0 1/2007 (A	s on the labels attached will be applied. F 5100.31, Certifical P.1. SIGNATURE OF S	I statements applied to this form.  I also certify to the Exemption of APPLICANT O  P Papplicable laws ED SIGNATURE	ppearing on this application are trum, including supplemental documental to that I have read, understood, and of Label/Bottle Approval.  OR AUTHORIZED AGENT  PART III - TTB CERTIFICATE  S. regulations, and conditions as see the provided of the control of the co	e and correct to the best ents, truly and correctly re complied with the condition INT NAME OF APPLICAL el J. Cincotta et forth in the instructions	ppresent the content of the ons and instructions which are NT OR AUTHORIZED AGENT portion of this form.

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