

OMB No. 1512-0092 (06/30/2004)

ID	02050-000-000024		
CT	921	OR	29
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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 6 5 8		2. SERIAL NUMBER (Required) YEAR 0 2 - 0 0 1 0		7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required) Under Contract Bottling for David Sherman Corporation St. Louis, MO. Barton Brands of Georgia (DSP-GA-5) 650 Fairburn Road, S. W., Atlanta, GA 30331	
3. BRAND NAME (Required) Golden Grain		4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) Alcohol		7a. MAILING ADDRESS, IF DIFFERENT P. O. Box 1069 Owensboro, KY 42302-1069	
5. FANCIFUL NAME (If any)		6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required) DSP-GA-5			
8. FORMULA NO. (If any)	9. LAB. NO./DATE	10. NET CONTENTS 750 / ML 1.75L	11. PHONE NUMBER (270) 6889240	16. TYPE OF APPLICATION (Check applicable box) a. <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL b. <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in only" (Fill in State abbreviation) c. <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)	
12. AGE (Distilled Spirits)	13. ALCOHOL CONTENT 95%	14. VINTAGE (Wine products only, if stated on label)	15. FAX NUMBER (270) 6835758		
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.					

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 02/13/02	19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>W. David Mudd</i>	20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT Atty in Fact W. David Mudd
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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 FEB 25 2002	22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <i>Brenda</i>
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FOR ATF USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)



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