

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

FOR TTB USE ONLY			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 on Back)
TTB ID 09115001000012			
1. REP. ID. NO. (If any)	CT	OR	
	82	02	

PART I - APPLICATION

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) BWN-NY-15065		3. SOURCE OF PRODUCT (Required) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Imported		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) RIVER MYST WINERY, RIVER MYST WINERY, LLC 9830 STATE HIGHWAY 37 OGDENSBURG NY 13669	
4. SERIAL NUMBER (Required) 090004		5. TYPE OF PRODUCT (Required) <input checked="" type="checkbox"/> WINE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> MALT BEVERAGE			
6. BRAND NAME (Required) RIVER MYST WINERY			8a. MAILING ADDRESS, IF DIFFERENT		
7. FANCIFUL NAME (If any) ONION DELIGHT					
9. EMAIL ADDRESS DLAMAY@TWCNY.RR.COM		10. FORMULA/SOP NO. (If any) 1	11. LAB. NO. & DATE / PREIMPORT NO. & DATE (If any)		18. TYPE OF APPLICATION (Check applicable box(es)) 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) d. <input type="checkbox"/> RESUBMISSION AFTER REJECTION TTB ID. NO. _____
12. NET CONTENTS 375 MILLILITERS		13. ALCOHOL CONTENT 14%	14. WINE APPELLATION IF ON LABEL		
15. WINE VINTAGE DATE IF ON LABEL		16. PHONE NUMBER (315) 713-4702	17. FAX NUMBER (315) 713-4702		

19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, celoseals, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., net contents etc.). 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. NO WORDS APPEAR ON ANYTHING ELSE.


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 are attached to an original TTB F 5100.31, Certificate/Exemption of Label/Bottle Approval.

20. DATE OF APPLICATION 04/25/2009	21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT (Application was e-filed)	22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT DENISE LAMAY
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PART III - TTB CERTIFICATE

This certificate is issued subject to applicable laws, regulations and conditions as set forth in the instructions portion of this form.

23. DATE ISSUED 05/06/2009	24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU 
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FOR TTB USE ONLY	
QUALIFICATIONS STATUS THE STATUS IS APPROVED. CLASS/TYPE DESCRIPTION TABLE FLAVORED WINE	EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Back

Actual Dimensions: 3.50 inches W X 2.00 inches H

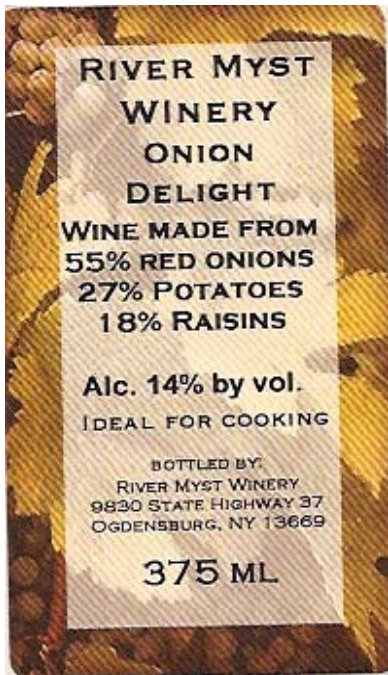
GOVERNMENT WARNING:

(1) ACCORDING TO THE SURGEON GENERAL,
WOMEN SHOULD NOT DRINK ALCOHOLIC
BEVERAGES DURING PREGNANCY BECAUSE OF THE
RISK OF BIRTH DEFECTS. (2) CONSUMPTION OF
ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO
DRIVE A CAR OR OPERATE MACHINERY, AND MAY
CAUSE HEALTH PROBLEMS.

*CONTAINS SULFITES

Image Type: Brand (front)

Actual Dimensions: 2.00 inches W X 3.50 inches H



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