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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)		2. SERIAL NUMBER (Required)		7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required)	
8 2 2 2		YEAR 0 1 7 1 - T		Joseph E. Seagram & Sons, Inc. dba Margaritaville Import Co. 375 Park Avenue New York, New York 10152	
3. BRAND NAME (Required) Margaritaville Tequila Oro				7a. MAILING ADDRESS, IF DIFFERENT P.O. Box 208 Baltimore, MD 21203	
4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) Tequila					
5. FANCIFUL NAME (If any)					
6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required) DSP-MD-03					
8. FORMULA NO. (If any)		9. LAB. NO./DATE		10. NET CONTENTS 375 ml	11. PHONE NUMBER 410-247-6025
12. AGE (Distilled Spirits)		13. ALCOHOL CONTENT 40% by vol	14. VINTAGE (Wine products only, if stated on label)	15. FAX NUMBER 410-247-7040	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)
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.					

State refunds will be added to label according to state requirements.

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 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 12/7/01	19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>Suzanne Zolnick</i>	20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT Suzanne Zolnick Attorney In Fact
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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 DEC 17 2001	22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <i>Bretton Mc Nelson</i>
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FOR ATF USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW

