

SE ONLY	
99050 003 000001	
CT 906	OR 01 AP

**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) 8 6 3 0	2. SERIAL NUMBER (Required) YEAR 99 - 01	7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required) CA-BR-SIS-1 St. Stan's Brewing Co. 821 I Street Modesto, CA 95354 DBA: Doctor Holty's Little Beer Co.			
3. BRAND NAME (Required) Cyclone Lager		7a. MAILING ADDRESS, IF DIFFERENT			
4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) Flavored Malt Beverage					
5. FANCIFUL NAME (If any)					
6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required)					
8. FORMULA NO. (If any)	9. LAB. NO./DATE	10. NET CONTENTS	11. PHONE NUMBER ( )	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	14. VINTAGE (Wine products only, if stated on label)	15. FAX NUMBER 209 524-4829		
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. Redemption value will be added as need occurs					

**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 2/17/99	19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>Romy Angle</i>	20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT Romy Angle
------------------------------------	---	--

**PART III - ATF CERTIFICATE**

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

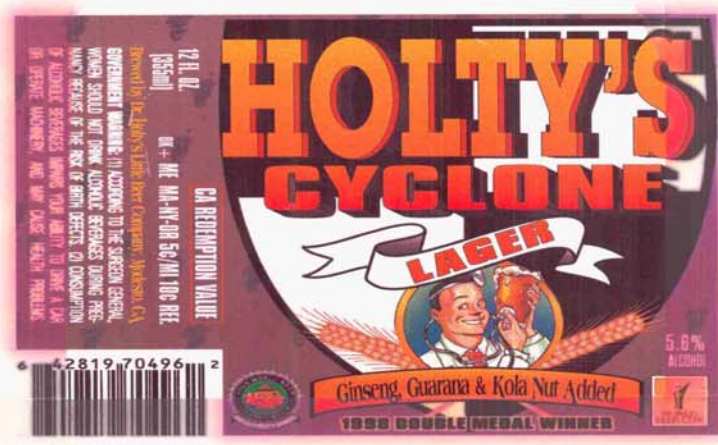
21. DATE ISSUED FEB 22 1999	22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <i>[Signature]</i>
--------------------------------	---

**FOR ATF USE ONLY**

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW



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

*22A per L.E.*