DEPARTMENT OF THE TREASURY AND TRADE BUREAU APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL (See Instructions and Paperwork Reduction Act Notice Below) PART I - APPLICATION SERIAL NUMBER (Required) STYPE OF PRODUCT (Required) SERIAL NUMBER (Required) SERIAL NUMBER (Required) SERIAL NUMBER (Required) DISTILLED SPIRITS MALT BEVERAGES BANAID NAME (Required) DISTILLED SPIRITS MALT BEVERAGES BANAID NAME (Required) DISTILLED SPIRITS MALT BEVERAGES BANAID NAME (Required) SERIAL NUMBER (Required) DISTILLED SPIRITS MALT BEVERAGES BANAID NAME (Required) DISTILLED SPIRITS BANAID NAME (Required) DISTILLED SPIRITS BANAID NAME (Required) DISTILLED SPIRITS BANAID NAME (Required) DATE (Required) DISTILLED SPIRITS BANAID NAME (Required) BANAID NAME (Required) DATE (Required) BANAID NAME (Required) BANAID NAME (Required) BANAID NAME (Required) DATE (Required) BANAID NAME (Required					
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8. BRAND NAME (Repured Towns) Bonny Door Vineyard From York (I any) From York (I any		WINE DISTILLED SPIRITS	328 Ingalls Street		
Honny Doon Vineyard P.O. Box 8376 Santa Cruz. C. 49561-8376 9. E-MAIL ADDRESS 10. FORMULA/SOP No. 11. LAB No. & DATE/PRE- IMPORT NO. & DATE (if any) 12. NET CONTENTS 13. ALCOHOL CONTENT 15. NET CONTENTS 15. MINE VINTAGE DATE (if an abed) ALCOHOL DATE (if any) 16. PHONE NUMBER 25. ALCOHOL DATE (if any)		MALT BEVERAGES	8a. MAILING ADDRESS IF DIFF	ERENT	
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DATE (If on label) (831) 425-355 (5. WINE VINTAGE 1	14.170 Cont	ra Costa County	c. DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE	
DATE ISSUED 1. ACCOMPLETE SET OF LABELS BELOW (See Ge 1. AUTHORITISE DATE OF MINOSOT MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., etc. or container, etc.) — This certificate is issued subject to applicable laws, regulations, and containers and profiles and pr	2008	(831) 425-6710	(831) 425-3856	d RESUBMISSION AFTER REJECTION	
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