

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

<b>FOR TTB USE ONLY</b>			<b>DEPARTMENT OF THE TREASURY</b> ALCOHOL AND TOBACCO TAX AND TRADE BUREAU		
TTB ID 08343001000019			<b>APPLICATION FOR AND</b> <b>CERTIFICATION/EXEMPTION OF LABEL/BOTTLE</b> <b>APPROVAL</b>		
1. REP. ID. NO. (If any)			CT 83	OR 04	(See Instructions and Paperwork Reduction Act Notice on Back)

**PART I - APPLICATION**

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) BWN-IL-15058		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)  HEALYS, ARCHANA DAVE 310C NIPPERSINK  ROUND LAKE IL 60073  HEALYS (Used on label)
4. SERIAL NUMBER (Required) 081208	5. TYPE OF PRODUCT (Required) <input checked="" type="checkbox"/> WINE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> MALT BEVERAGE		

6. BRAND NAME (Required) HEALYS	8a. MAILING ADDRESS, IF DIFFERENT
7. FANCIFUL NAME (If any) MANGO MELODY	

9. EMAIL ADDRESS HEALYSWINERY@GMAIL.COM	10. FORMULA/SOP NO. (If any)	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 750 MILLILITERS	13. ALCOHOL CONTENT 13	14. WINE APPELLATION IF ON LABEL	
15. WINE VINTAGE DATE IF ON LABEL	16. PHONE NUMBER (847) 387-9666	17. FAX NUMBER (224) 365-5000	

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.


**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 12/08/2008	21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT (Application was e-filed)	22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT ARCHANA DAVE
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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 12/09/2008	24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU 
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<b>QUALIFICATIONS</b>  <b>STATUS</b> THE STATUS IS APPROVED.  <b>CLASS/TYPE DESCRIPTION</b> TABLE FRUIT WINE	<b>EXPIRATION DATE (If any)</b>
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AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Brand (front)

Actual Dimensions: 3 inches W X 4.25 inches H

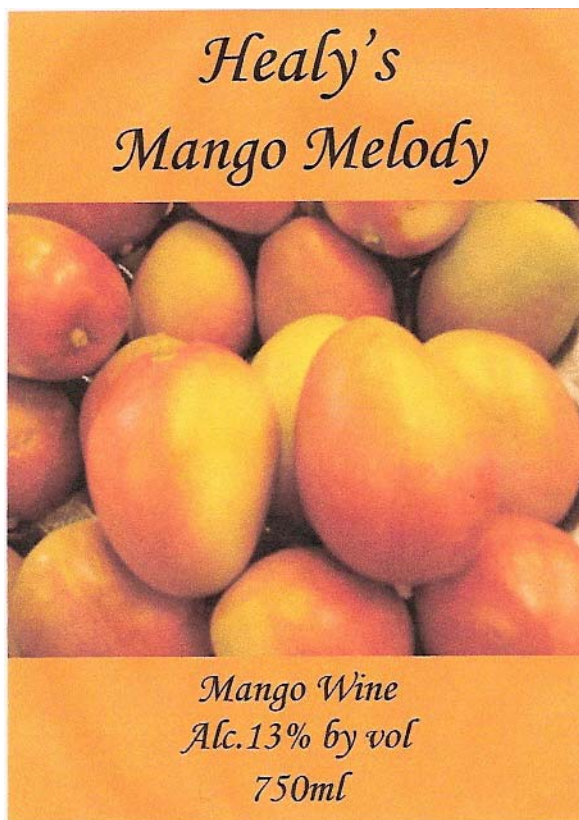
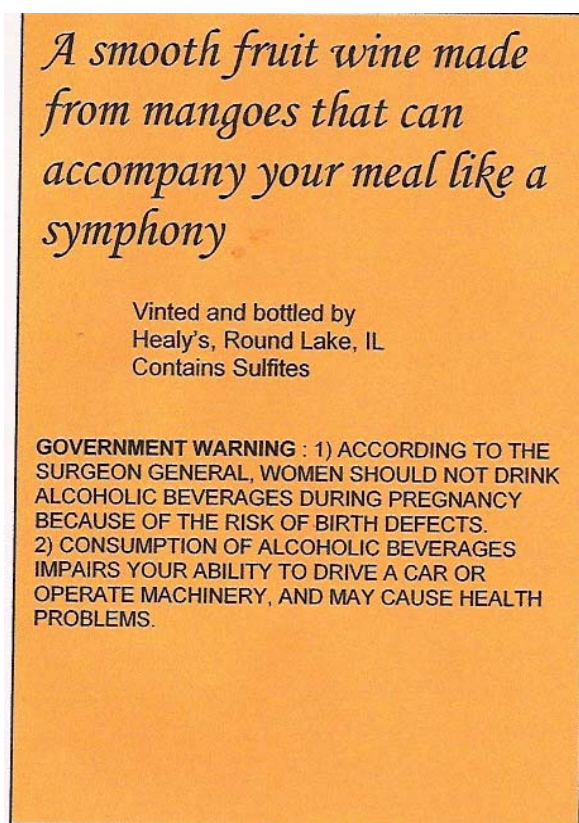


Image Type: Back

Actual Dimensions: 3 inches W X 4.25 inches H



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