

TTB ID 08232-000-000071

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 Below)

1. REP. ID. NO. (If any) <b>1008</b>		CT <b>83</b>	OF <b>6A</b>
2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) <b>NJ-1-15088</b>		3. SOURCE OF PRODUCT (Required) <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Imported	
4. SERIAL NUMBER (Required) YEAR <b>08-264</b>		5. TYPE OF PRODUCT (Required) <input checked="" type="checkbox"/> WINE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> MALT BEVERAGES	
6. BRAND NAME (Required) <b>"D" COLLECTION</b>		7. FANCIFUL NAME (If any)	
9. EMAIL ADDRESS		10. FORMULA/SOP NO. (If any)	11. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any)
12. NET CONTENTS <b>750 ml</b>	13. ALCOHOL CONTENT <b>12%</b>	14. WINE APPELLATION (If on label)	
15. WINE VINTAGE DATE (If on label)	16. PHONE NUMBER <b>(908) 353-1234</b>	17. FAX NUMBER <b>(908) 353-0660</b>	
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 _____			
19. 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) 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 <b>08.15.08</b>	21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>Julia Torbin</i>	22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT <b>JULIA TORBIN</b>
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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.

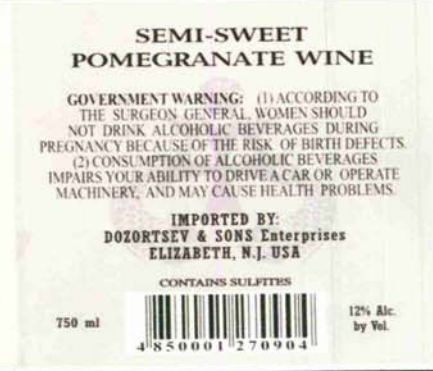
23. DATE ISSUED <b>AUG 21 2008</b>	24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU <i>Antonia G... [Signature]</i>
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FOR TTB USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX TO LABEL (See Instructions 4, 6 and 7)



BSOLETE

*ANZ*