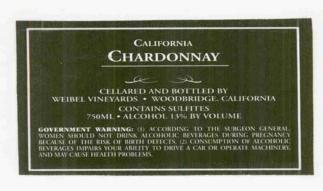
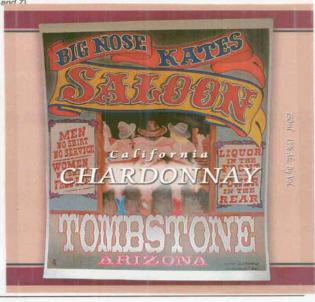
ТТВ 04127-00 <mark>0-0</mark> 00167									DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU APPLICATION FOR AND CERTIFICATION/EXEMPTION				
1. RE	REP. ID. NO. (If any)						OR	1	OF LABEL/BOTTLE APPROVAL				
1001 01									(See instructions and Paperwork Reduction Act Notice on Back) PART I - APPLICATION				
PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) BW - CA - 4372									7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON THE LABEL (Required) WEIBEL INCORPORATED d.b.a. WEIBEL VINEYARDS EAST OF GUILD AVE. 3.3 MILES OF THE POST OFFICE WOODBRIDGE, CA 95258				
3. SERIAL NUMBER (Required) 4. TYPE OF PRODUCT								CT					
	EAR (Required)							ITS					
0	4 -	-	0	0	9		BEVERAG		7a. MAILING ADDRESS, IF DI	FFERENT			
5. BRAND NAME (Required) BIG NOSE KATES									P.O. BOX 87 WOODBRIDGE, CA 95258				
. FA	NCIFL	JL NA	ME	(If ar	ny)								
8. EMAIL ADDRESS WEIBELWINES@SBCGLOBAL NET 9. FORMULA/SOP N (If any) N/A								NO.	10. LAB. NO. & DATE/PRE- IMPORT NO. & DATE (If any)	TYPE OF APPLICATION (Check applicable box(es)) A. CERTIFICATE OF LABEL APPROVAL CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL			
11. NET CONTENTS									NE APPELLATION (If on label) DRNIA	"For sale in only" (Fill in State abbreviation) c. □ DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL			
14. WINE VINTAGE DATE (If on label)						15. PHONE NUMBER (209) 365-9463			16. FAX NUMBER (209) 365-9469	BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount) d. RESUBMISSION AFTER REJECTION TTB ID			
E	BELOW.	OR (t) BL	JWN, E	BRAN	IDED OR EM	BOSSED ON DW. ALSO, F	THE	CONTAINER (e.g., net contents, etc.). 1	g., caps, celoseals, corks, etc.) OTHER THAN THE LABELS AFFIXED THIS WORDING MUST BE NOTED HERE EVEN IF IT DUPLICATES INGUAGE TEXT APPEARING ON LABELS. ATION			
and, toonta	hat the iners to led to a DATE O	representation which	esen th th gina LICA	tation ese la ITTB	s on abels F 51	the labels will be app 100.31 Cert	attached to lied. I also fficate/Exer	this cert mpti	form, including supplemental doc ify that I have read, understood a on of Label/Bottle Approval. ANT OR AUTHORIZED AGENT 2	e true and correct to the best of my knowledge and belief; cuments, truly and correctly represent the content of the and complied with the conditions and instructions which are 21. PRINT NAME OF APPLICANT OR AUTHROIZED AGEN			
-	5-4	-80	((1		<	N.	JSA SANTINI			
		Thie	corti	ficato	ie in	eriad eribias	t to applica	hie I	PART III - TTB CERTIFICATE	as set forth in the instructions portion of this form.			
22. M	DATE			4					RE, ALCOHOL AND TOBACCO T				
									FOR TTB USE ONLY				
QUAL	IFICA	TION	S										

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW (See General Instructions 4, 6 and 7)





TTB F 5100.31 (3-2003) PREVIOUS EDITION IS OBSOLETE



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