

**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 on Back)*

**PART I - APPLICATION**

TTB ID: 05209-003-000073

1. REP. ID. NO. (If any) CT 5102 OR 33

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) BR-NH-SMU-1

3. SERIAL NUMBER (Required) YEAR: 0 5 - 0 0 0 2

4. TYPE OF PRODUCT (Required)  
 WINE  
 DISTILLED SPIRITS  
 MALT BEVERAGE

5. BRAND NAME (Required) Smuttynose

6. FANCIFUL NAME (If any) Wheat Wine Ale

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)  
 Smuttynose Brewing Company Inc.  
 225 Heritage Avenue  
 Portsmouth NH 03801

7a. MAILING ADDRESS, IF DIFFERENT

8. EMAIL ADDRESS info@smuttynose.com

9. FORMULA/SOP NO. (If any) 0516002000067

10. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any)

11. NET CONTENTS 1 pt. 6 fl ozs.

12. ALCOHOL CONTENT

13. WINE APPELLATION (If on label)

14. WINE VINTAGE DATE (If on label)

15. PHONE NUMBER (603) 436-4026

16. FAX NUMBER (603) 433-1247

17. TYPE OF APPLICATION (Check applicable box(es))  
 a.  CERTIFICATE OF LABEL APPROVAL  
 b.  CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in \_\_\_\_\_ only" (Fill in State abbreviation)  
 c.  DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE \_\_\_\_\_ (Fill in amount)  
 d.  RESUBMISSION AFTER REJECTION  
 TTB ID 05098-003-000078

18. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, cellophane, 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.

19. DATE OF APPLICATION 07/27/05

20. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT *[Signature]*

21. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT Peter R. Egelston

**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.

22. DATE ISSUED AUG 03 2005

23. AUTHORIZED SIGNATURE ALCOHOL AND TOBACCO TAX AND TRADE BUREAU *[Signature]*

**FOR TTB USE ONLY**

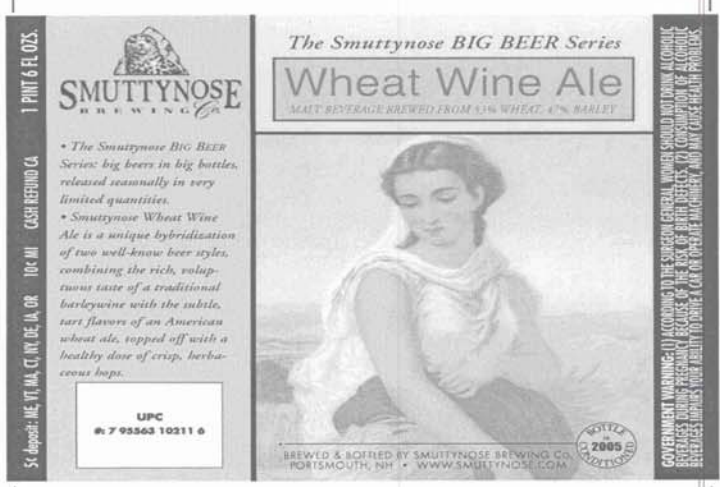
QUALIFICATIONS

**10. WHEN NEW LABELS ARE PRINTED, ALL OF THE MANDATORY INFORMATION MUST APPEAR IN READILY LEGIBLE PRINTING ON A COMPLETELY CONTRASTING BACKGROUND.**

STATEMENT OF COMPOSITION

EXPIRATION DATE (If any)

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



*Reduced to 75% of original size.*

*[Handwritten initials]*