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PLANT REGISTRY/BASIC RMIT/BREWER'S NO. (Require	3. SOURCE OF PRO (Required)	8.		DIANT AC CHOMALON D	LANT REGISTRY, BASIC
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CEDIAL NUMBER (A	ed) 5. TYPE OF PRO		HW, Ltd. 272 Plandome Road		
SERIAL NUMBER (Require	(Required)		372 Plandome Road Suite 100		
YEAR 1 - 0 4 6 4	WINE WINE S DISTILLED S	PIRITS	Manhasset NY 11030	USA	
	MALT BEVE	RAGES 8	a. MAILING ADDRESS, IF DIFFE	RENT	
BRAND NAME (Required HOPIN	"				
FANCIFUL NAME (If any)				
EMAIL ADDRESS	10. FORMULA	VSOP NO. 11	. LAB. NO. & DATE/PRE-	18. TYPE OF APPLICATION	N (Check applicable box(es))
odriguez@mhwltd.com		Control March	IMPORT NO. & DATE (If any) -2009-00909-0 11/10/09	a. CERTIFICATE OF LA	BEL APPROVAL MPTION FROM LABEL APPROVAL
NET CONTENTS	13. ALCOHOL	,	APPELLATION (If on label)	*For sale in	only" (Fill in State abbreviation)
.75 € L	CONTENT 40.0%		The second secon		BOTTLE APPROVAL. TOTAL
. WINE VINTAGE	16. PHONE NUMBE	R	17. FAX NUMBER	(Fill in amount)	
DATE (If on label)	516 869-91		516 869-9171	d. RESUBMISSION AFTE	REJECTION
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			- APPLICANT'S CERTIFICATION		f my knowledge and heliaf
	ry, I declare: that all	statements ap	pearing on this application are true	e and correct to the best of	resent the content of the
nd that the representations	e on the labels attach	ned to this form	n, including supplemental docume	amplied with the	and instructions which are
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