

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

7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED OSA OR TRADENAME IF USED ON THE LABEL *(Required)* **Select Wines, Inc**
 14000 Willard Rd Suite 3
 Chantilly VA 20151-2929

7a. MAILING ADDRESS, IF DIFFERENT

3. SERIAL NUMBER *(Required)* 4. TYPE OF PRODUCT *(Required)*
 YEAR 04-544
 WINE
 DISTILLED SPIRITS
 MALT BEVERAGE

5. BRAND NAME *(Required)*
 WEIN GUT STEININGER

6. FANCIFUL NAME *(If any)*
 GRÜNERVELTLINER SEKT 2002

8. EMAIL ADDRESS *(If any)*
 Jennifer.Gaines@selectwines.com

9. FORMULA/SOP NO. *(If any)*
 10. LAB. NO. & DATE/PIRE-IMPORT NO. & DATE *(If any)*

11. NET CONTENTS 12. ALCOHOL CONTENT 13. WINE APPELLATION *(If on label)*
 150ml 13% KAMPTAL/ÖSTERREICH

14. WINE VINTAGE 15. PHONE NUMBER 16. FAX NUMBER
 2002 (731) 631-8100 (703) 222-9894

17. TYPE OF APPLICATION *(Check applicable box(es))*
 CERTIFICATE OF LABEL APPROVAL
 CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL *(For sale in _____ only* (Fill in State abbreviation))*
 DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL *(Fill in amount)*
 RESUBMISSION AFTER REJECTION TTB ID

18. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, 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 20. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT 21. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT
 8/18/04 Jennifer Gaines Jennifer Gaines

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 23. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
 AUG 30 2004 JMcMull

FOR TTB USE ONLY

AFFIX COMPLETE SET OF LABELS BELOW *(See General Instructions 4, 6 and 7)* EXPIRATION DATE *(If any)*



01. THIS LABEL MUST APPEAR ON THE FRONT OF THE CONTAINER.