

TTB ID
04236-000-000207

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)

1. REP. ID. NO. (If any) 1014 CT 84 OR 64

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)
VA-I-416

3. SERIAL NUMBER (Required) 4. TYPE OF PRODUCT (Required)
YEAR: 04 - 542
 WINE
 DISTILLED SPIRITS
 MALT BEVERAGE

5. BRAND NAME (Required)
WEINGUT STEININGER

6. FANCIFUL NAME (If any)
ZWEIGELT SEKT

8. EMAIL ADDRESS
Jennifer.Gaines@selectwines.com

11. NET CONTENTS
750ml

14. WINE VINTAGE DATE (If on label)
2002

18. 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 I - APPLICATION
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)
Select Wines, Inc
14000 Willard Rd Suite 3
Chantilly VA 20151-2929

7a. MAILING ADDRESS, IF DIFFERENT

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

12. ALCOHOL CONTENT
13%

13. WINE APPELLATION (If on label)
Kamptal/Osterreich

15. PHONE NUMBER
(703) 631-8100

16. FAX NUMBER
(703) 222-9894

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 8/18/04 20. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Jennifer Gaines 21. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT 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 AUG 30 2004 23. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU [Signature]

FOR TTB USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

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

