

FC		01206-000-000017		OMB No. 1512-0092 (03/31/2001)	
ID		1005 DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL <i>(See Instructions and Paperwork Reduction Act Notice on Back)</i>			
CT		OR		AP	
1. VENDOR CODE (Required)		2. SERIAL NUMBER (Required)			
0 0 7 2 7 7		YEAR 0 1 - 0 2 7 8			
3. BRAND NAME (Required) Oxtails					
4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) Distilled Spirits Specialty					
5. FANCIFUL NAME (If any) Vodka Cocktail					
6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required) DSP-IN-26					
8. FORMULA NO. (If any) 278		9. LAB. NO./DATE		10. NET CONTENTS 200 ML	
12. AGE (Distilled Spirits)		13. ALCOHOL CONTENT 5.9%		14. VINTAGE (Wine products only, if stated on label)	
11. PHONE NUMBER (812) 537-7300		15. FAX NUMBER (812) 537-7310			
16. TYPE OF APPLICATION (Check applicable box)					
a. <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL					
b. <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in only" (Fill in State abbreviation)					
c. <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)					
17. 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) EMBOSSED ON THE CONTAINER. 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.					

The label or container will be jet coded.

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 appear on the reverse of an original ATF F 5100.31, Certificate/Exemption of Label/Bottle Approval.

18. DATE OF APPLICATION 7/19/01	19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>James H. Yates</i>	20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT James H. Yates
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PART III - ATF CERTIFICATE

This certificate is issued subject to applicable laws, regulations and conditions as set forth on the back of this form.

21. DATE ISSUED JUL 26 2001	22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <i>Heina M. Tulus</i>
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FOR ATF USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW



ATF F 5100.31 (4-98) PREVIOUS EDITIONS ARE OBSOLETE