3/7/2017 OMB No. 1513-0020

OMB No. 1513-0020

|   |                                    |                                   | 1   |  | OWID NO. 1513-0020                      |  |
|---|------------------------------------|-----------------------------------|---|--|---|--|
| FOR TTB USE ONLY  |                                    |                                   | DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU   |  |   |  |
| TTB ID  |                                    |                                   | APPLICATION FOR AND   |  |   |  |
| 17051001000056  |                                    |                                   | CERTIFICATION/EXEMPTION OF LABEL/BOTTLE   |  |   |  |
|   |                                    |                                   | APPROVAL  |  |   |  |
| 1. REP. ID. NO. (If any) CT OR  |                                    | (See In:                          | structions and Pap  | erwork Reduction Act Notice on Back)               |   |  |
|   | 84                                 | 52                                |   |  |   |  |
|   |                                    |                                   |   |  |   |  |
| <u> </u>  |                                    |                                   | <u> </u>  |  |   |  |
| PART I - APPLICATION  |                                    |                                   |   |  |   |  |
| 2. PLANT  |                                    |                                   | 8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT<br>REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED |  |   |  |
| REGISTRY/BASIC<br>  PERMIT/BREWER'S   |                                    |                                   | DBA OR TRADENAME IF USED ON LABEL (Required)  |  |   |  |
| NO. (Required)  |                                    |                                   |   |  |   |  |
| NY-I-15266  | <b>✓</b> Imported                  |                                   | THE CLUSTER USA, OLE IMPORTS LLC<br>56 HARRISON ST SUITE 405  |  |   |  |
| 4. SERIAL NUMBER (Required)   | IBER 5. TYPE OF PRODUCT (Required) |                                   | NEW ROCHELLE NY 10801   |  |   |  |
| 170010  | <b>₩</b> WINE                      |                                   | OLE (Used on label)   |  |   |  |
|   | DISTILLED SPIRITS                  |                                   |   |  |   |  |
|   | MALT B                             | MALT BEVERAGE                     |   |  |   |  |
|   |                                    |                                   |   |  |   |  |
| 6. BRAND NAME (Required)  |                                    | 8a. MAILING ADDRESS, IF DIFFERENT |   |  |   |  |
| NAVERAN (Negaried)  |                                    |                                   |   |  |   |  |
| 7. FANCIFUL NAME (If any)   |                                    |                                   | -   |  |   |  |
| PERLES D'OR   |                                    |                                   |   |  |   |  |
| 9. FORMULA 10. GRAPE VARIETAL(S) (Wine Only) 14. TYPE OF APPLICA  |                                    |                                   |   |  | ICATION (Check applicable box(es))      |  |
| N/A   |                                    |                                   |   |  |   |  |
|   |                                    |                                   |   | a. 🕜 CERTI   | FICATE OF LABEL APPROVAL                |  |
| 11. WINE APPELLATION (If on label)  |                                    |                                   |   | CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL       |   |  |
| CAVA  |                                    |                                   |   | b. "For sale inonly" (Fill in State abbreviation.) |   |  |
|   |                                    |                                   | DISTINCTIVE LIQUOR BOTTLE APPROVAL, TOTAL BOTTLE C. CAPACITY BEFORE CLOSURE (Fill in amount)                      |  |   |  |
| 12. PHONE NUMBER 13. EMAIL ADDRESS  |                                    |                                   |   | <del></del> ,                                      |   |  |
| (914) 740-4724   MAGDA@OLEIMPORT:<br>   |                                    | S.COM                             |   | BMISSION AFTER REJECTION<br>D. NO                  |   |  |
|   |                                    |                                   |   |  |   |  |
| 15. SHOW ANY INFORMATION THAT IS BLOWN, BRANDED, OR EMBOSSED ON THE CONTAINER (e.g., net contents) ONLY IF IT DOES NOT APPEAR ON THE LABELS AFFIXED BELOW, ALSO, SHOW 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.   |                                    |                                   |   | <del>-</del>                                       | , |  |
| 16. DATE OF 17. SIGNATURE OF APPLICANT O  |                                    |                                   | R AUTHORIZED AGENT  |  | 18. PRINT NAME OF APPLICANT OR          |  |
| APPLICATION   (Application was e-filed)   |                                    |                                   |   |  | AUTHORIZED AGENT                        |  |
| 02/20/2017  |                                    |                                   |   |  | PATRICIO MATA                           |  |
| 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.  |                                    |                                   |   |  |   |  |
| 19. DATE ISSUED 20. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU  |                                    |                                   |   |  |   |  |
| 03/07/2017  |                                    |                                   |   |  |   |  |
|   |                                    |                                   |   |  |   |  |
|   |                                    |                                   |   |  |   |  |



## FOR TTB USE ONLY

## **QUALIFICATIONS**

TTB has not reviewed this label for type size, characters per inch or contrasting background. The responsible industry member must continue to ensure that the mandatory information on the actual labels is displayed in the correct type size, number of characters per inch, and on a contrasting background in accordance with the TTB labeling regulations, 27 CFR parts 4, 5, 7, and 16, as applicable.

EXPIRATION DATE (If any)

STATUS

THE STATUS IS APPROVED.

**CLASS/TYPE DESCRIPTION** 

SPARKLING WINE/CHAMPAGNE

AFFIX COMPLETE SET OF LABELS BELOW

Image Type:

Brand (front)

Actual Dimensions: 2.55 inches W X 2.95 inches H

## NAVERAN

Perles d'Or

## Michel Gillieron Parellada de Raveran



IMPORTED BY: OLE, NEW ROCHELLE, NY 10801 PATRICK MATA - ALBERTO ORTE

GOVERNMENT WARNING: (1) ACCORDING TO THE SURGEON GENERAL. WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH DEFECTS. (2) CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY, AND MAY CAUSE HEALTH PROBLEMS.

SPARKLING WINE FERMENTED IN THIS BOTTLE - PRODUCT OF SPAIN - CONTAINS SULFITES



Image Type:

Back

Actual Dimensions: 2.95 inches W X 1.96 inches H

OMB No. 1513-0020



TTB F 5100.31 (06-2016) PREVIOUS EDITIONS ARE OBSOLETE