2/7/2020 OMB No. 1513-0020

OMB No. 1513-0020

| TTB ID 20035001000445   |                          |  |                             | DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL  |  |  |  |  |
|---|--------------------------|--|-----------------------------|---|--|--|--|--|
| 1. REP. ID. NO. (If   | any)                     | <b>CT</b><br>80A                                       | <b>OR</b> 52                | (See Ir   | nstructions and Pa                           | perwork Reduction Act Notice on Back)  |  |  |
| PART I - APPLICATION  |                          |  |                             |   |  |  |  |  |
| 2. PLANT<br>REGISTRY/BASIC<br>PERMIT/BREWER<br>NO. (Required)<br>NY-I-15266 |                          | 3. SOURCE OF PRODUCT (Required)  Domestic  Imported    |                             | 8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON LABEL (Required)  THE CLUSTER USA, OLE IMPORTS LLC 56 HARRISON ST SUITE 405  NEW ROCHELLE NY 10801  OLE & OBRIGADO (Used on label) |  |  |  |  |
| 4. SERIAL NUMB<br>(Required)  | ER                       | 5. TYPE OF PRODUCT (Required)  wine  Distilled spirits |                             |   |  |  |  |  |
| 200011  |                          |  |                             |   |  |  |  |  |
|   |                          | MALT BE  | EVERAGE                     |   |  |  |  |  |
| 6. BRAND NAME (   | 6. BRAND NAME (Required) |  |                             | 8a. MAILING   | ADDRESS, IF DIF                              | FERENT   |  |  |
| 7. FANCIFUL NAME (If any) GAINTZA ROSES                                     |                          |  |                             | -   |  |  |  |  |
| 9. FORMULA  |                          | 10. GRAPE \  | VARIETAL(S)                 | (Wine Only)   | 14. TYPE OF APPL                             | ICATION (Check applicable box(es))   |  |  |
| 60% Hondarrabi Beltza, 4<br>Hondarrabi Zuri                                 |                          |  | 10%                         | a   | IFICATE OF LABEL APPROVAL                    |  |  |  |
| 11. WINE APPELLATION (If on label)  |                          |  |                             |   |  | IFICATE OF EXEMPTION FROM LABEL APPROVAL sale in only" (Fill in State abbreviation.)   |  |  |
| GETARIAKO TXAKOLINA   |                          |  |                             |   | C. DISTII                                    | NCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CITY BEFORE CLOSURE (Fill in amount)   |  |  |
| 12. PHONE NUMBER (914) 740-4724 13. EMAIL ADDRESS MAGDA@OLEIMPORTS          |                          |  | S.COM                       |   | BMISSION AFTER REJECTION<br>D. NO            |  |  |  |
|   | PEAR C                   | N THE LABE   |                             |   |  | HE CONTAINER (e.g., net contents) ONLY IF<br>ATIONS OF FOREIGN LANGUAGE TEXT   |  |  |
|   |                          |  | PART II -                   | APPLICAN  | IT'S CERTIFICA                               | TION   |  |  |
| knowledge and be<br>correctly represen                                      | lief; and<br>t the co    | d, that the rep  | resentations ontainers to w | on the labels a<br>hich these lab   | ttached to this form, els will be applied. I | on are true and correct to the best of my<br>including supplemental documents, truly and<br>also certify that I have read, understood and<br>100.31, Certificate/Exemption of Label/Bottle |  |  |
| 16. DATE OF APPLICATION (Application was e-filed)                           |                          |  |                             | R AUTHORIZI   | ED AGENT                                     | 18. PRINT NAME OF APPLICANT OR<br>AUTHORIZED AGENT   |  |  |
| 02/04/2020  |                          |  |                             |   |  | PATRICIO MATA  |  |  |
| This contificate is   | issusd                   | aubiaat ta ar  |                             |   | CERTIFICATE                                  | and fouth in the instructions neution of this  |  |  |
| form.   | issuea                   | subject to ap  | opiicable law               | s, regulations  | s and conditions as                          | set forth in the instructions portion of this  |  |  |
| <b>19. DATE ISSUED</b> 02/07/2020   | 20. /                    |  | SIGNATUR                    |   | AND TOBACCO TA                               | IX AND TRADE BUREAU  |  |  |
|   |                          |  |                             |   |  |  |  |  |
| FOR TTB USE ONLY  |                          |  |                             |   |  |  |  |  |

| FOR TTB USE ONLY  |                     |  |  |  |  |  |
|---|---------------------|--|--|--|--|--|
| QUALIFICATIONS  | EXPIRATION DATE (If |  |  |  |  |  |
| 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. | lany)               |  |  |  |  |  |
| STATUS  |                     |  |  |  |  |  |
| THE STATUS IS APPROVED.   |                     |  |  |  |  |  |
| CLASS/TYPE DESCRIPTION  |                     |  |  |  |  |  |
| ROSE WINE   |                     |  |  |  |  |  |

AFFIX COMPLETE SET OF LABELS BELOW Image Type:

Brand (front) or keg collar

Actual Dimensions: 3.93 inches W X 2.75 inches H



Image Type:

Back

Actual Dimensions: 4.33 inches W X 2.75 inches H



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