4/5/2021 OMB No. 1513-0020

OMB No. 1513-0020

I FOR TTB	USE ONLY		DEPARTME	NT OF THE TREASURY
		_  A	ALCOHOL AND TOBACCO TAX AND TRADE BUREAU	
TTB ID			APPLICATION FOR AND	
21070001000383		CERTIF	CERTIFICATION/EXEMPTION OF LABEL/BOTTLE	
		APPROVAL (See Instructions and Paperwork Reduction Act Notice on Back)		
1. REP. ID. NO. (If any)	CT OR		istructions and r ap	Serwork Neduction Act Notice on Backy
	81 54			
		PART I - AP	PLICATION	
2, PLANT		8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT		
REGISTRY/BASIC	PRODUCT (Required)	REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON LABEL (Required)		
PERMIT/BREWER'S   NO. (Required)	Domestic	Day, or notation and a sold on the sold (notation)		
NY-I-15266	Imported	THE CLUSTER USA, OLE IMPORTS LLC		
		56 HARRISON ST SUITE 405		
4. SERIAL NUMBER (Required)	5. TYPE OF PRODUCT (Required)	NEW ROCH	NEW ROCHELLE NY 10801	
212100	WINE	JOINT VENTURES (Used on label)		
	DISTILLED SPIRITS			
MALT BEVERAGE				
6 PRAND NAME (Pagesti	(nd)	90 MAU INC	ADDRESS IF DIE	CEDENT
6. BRAND NAME (Required) VINOS SIN LEY		8a. MAILING ADDRESS, IF DIFFERENT		
		-		
7. FANCIFUL NAME (If an VINOS SIN LEY ALVARII	• /			
		\ (14", \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	44 7/05 05 400	IOATION (OL 1 III II
9. FORMULA 10. GRAPE VARIETAL(S) 100% Alvarinho		) (Wine Only)	14. TYPE OF APPL	ICATION (Check applicable box(es))
			a. CERTIFICATE OF LABEL APPROVAL	
11. WINE APPELLATION (If on label)			CERT	IFICATE OF EXEMPTION FROM LABEL APPROVAL
VINHO REGIONAL MINHO				ale in only" (Fill in State abbreviation.)
		DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)		
12. PHONE NUMBER 13. EMAIL ADDRESS			C. CAPA	CITY BEFORE CLOSURE (Fill in amount)
(914) 740-4724 MAGDA@OLEIMPORTS.0		rs.com	.COM RESUBMISSION AFTER REJECTION TTB ID. NO.	
15. SHOW ANY INFORM	ATION THAT IS BLOWN, I	BRANDED, OR	EMBOSSED ON TI	HE CONTAINER (e.g., net contents) ONLY IF
IT DOES NOT APPEAR ( APPEARING ON LABELS		RELOW. ALS	U, SHUW TRANSLA	ATIONS OF FORÈIĞN LANGUAGE TEXT
	PART II -	APPLICAN	T'S CERTIFICA	TION
Under the penalties of pe	rjury, I declare; that all stat	ements appear	ing on this application	on are true and correct to the best of my
		on the labels a	ttached to this form,	including supplemental documents, truly and
	intent of the containers to .		cia wili be abblied. I	aiso ceriny man mave read, understood and
correctly represent the co	ontent of the containers to vons and instructions which			100.31, Certificate/Exemption of Label/Bottle
correctly represent the co				100.31, Certificate/Exemption of Label/Bottle
correctly represent the cocomplied with the condition Approval.  16. DATE OF 17. SIGNA		are attached to	an original TTB F 5	18. PRINT NAME OF APPLICANT OR
correctly represent the cocomplied with the condition Approval.  16. DATE OF APPLICATION (Application (Applic	ons and instructions which	are attached to	an original TTB F 5	18. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT
correctly represent the cocomplied with the condition Approval.  16. DATE OF APPLICATION	ons and instructions which  ATURE OF APPLICANT O  ion was e-filed)	are attached to	an original TTB F 5	18. PRINT NAME OF APPLICANT OR
correctly represent the cocomplied with the conditional Approval.  16. DATE OF APPLICATION 03/11/2021  17. SIGNA (Application (Applicat	ons and instructions which  ATURE OF APPLICANT Orion was e-filed)	are attached to  R AUTHORIZE  RT III - TTB	an original TTB F 5  ED AGENT  CERTIFICATE	18. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT PATRICIO MATA
correctly represent the co- complied with the condition Approval.  16. DATE OF APPLICATION 03/11/2021  This certificate is issued	ons and instructions which  ATURE OF APPLICANT Orion was e-filed)	are attached to  R AUTHORIZE  RT III - TTB	an original TTB F 5  ED AGENT  CERTIFICATE	18. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT
correctly represent the cocomplied with the condition Approval.  16. DATE OF APPLICATION (Application 03/11/2021  This certificate is issued form.	ons and instructions which  ATURE OF APPLICANT Orion was e-filed)	RT III - TTB	an original TTB F 5  ED AGENT  CERTIFICATE  and conditions as	18. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT PATRICIO MATA set forth in the instructions portion of this
correctly represent the cocomplied with the condition Approval.  16. DATE OF APPLICATION (Application 03/11/2021  This certificate is issued form.	ATURE OF APPLICANT On the control of	RT III - TTB	an original TTB F 5  ED AGENT  CERTIFICATE  and conditions as	18. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT PATRICIO MATA set forth in the instructions portion of this

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## 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

4/5/2021

THE STATUS IS APPROVED.

CLASS/TYPE DESCRIPTION

TABLE WHITE WINE

AFFIX COMPLETE SET OF LABELS BELOW

Image Type:

Brand (front) or keg collar

Actual Dimensions: 3.5 inches W X 4.5 inches H

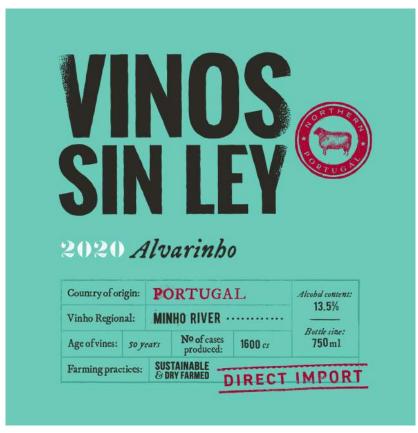


Image Type:

Back

Actual Dimensions: 4.25 inches W X 4.32 inches H

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