

ID	99057 000 000003		
CT	902	OR 33	AP

**DEPARTMENT OF THE TREASURY**  
**BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**  
**APPLICATION FOR AND CERTIFICATION/EXEMPTION OF**  
**LABEL/BOTTLE APPROVAL**

*(See Instructions and Paperwork Reduction Act Notice on Back)*

1004

**PART I - APPLICATION**

1. VENDOR CODE (Required) 01008898-97-3		2. SERIAL NUMBER (Required) YEAR		7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required) NEW Hampshire Custom Brewers 150 Franklin ST. Hillsborough County Manchester, New Hampshire 03101	
3. BRAND NAME (Required) G.P. Gay Pride		4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable) English Style Pale Ale		7a. MAILING ADDRESS, IF DIFFERENT	
5. FANCIPUL NAME (If any)		6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required) BR-NH-NHC1			
8. FORMULA NO. (If any)	9. LAB. NO./DATE	10. NET CONTENTS 12F102	11. PHONE NUMBER (603) 624-0695	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)	
12. AGE (Distilled Spirits)	13. ALCOHOL CONTENT	14. VINTAGE (Wine products only, if stated on label)	15. FAX NUMBER (603) 624-0714	17. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, 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. CAP, J. LEWIS PRESENTS GP GAYPRIDE PREMIUM BREWS	

**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 1/22/99	19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>Jennifer M. Wolper</i>	20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT JENNIFER M. WOLPER
------------------------------------	---	--

**PART III - ATF CERTIFICATE**

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

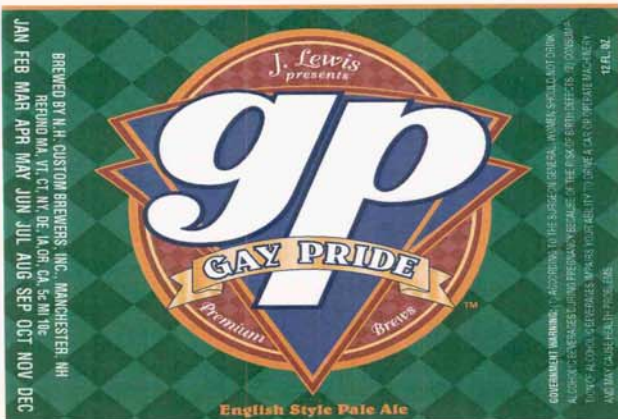
21. DATE ISSUED MAR 01 1999	22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS <i>John W. Maguire</i>
--------------------------------	---

FOR ATF USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW



CAP.

S