

<b>FOR TTB USE ONLY</b>			<b>DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL</b>		
<b>TTB ID</b> 08091001000032			(See Instructions and Paperwork Reduction Act Notice on Back)		
<b>1. REP. ID. NO. (If any)</b>	<b>CT</b> 903	<b>OR</b> 48			

**PART I - APPLICATION**

<b>2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)</b> BR-WI-MIL-1 BR-CA-MIL-1 BR-GA-MIL-1 BR-NC-MIL-1 BR-OH-MIL-1 BR-TX-MIL-1		<b>3. SOURCE OF PRODUCT (Required)</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Imported		<b>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)</b>  MILLER BREWING COMPANY 4000 W STATE ST  MILWAUKEE WI 53208  THE STROH BREWERY CO. (Used on label)	
<b>4. SERIAL NUMBER (Required)</b> 080077		<b>5. TYPE OF PRODUCT (Required)</b> <input type="checkbox"/> WINE <input type="checkbox"/> DISTILLED SPIRITS <input checked="" type="checkbox"/> MALT BEVERAGE			
<b>6. BRAND NAME (Required)</b> SCHLITZ RED BULL MALT LIQUOR			<b>8a. MAILING ADDRESS, IF DIFFERENT</b>		
<b>7. FANCIFUL NAME (If any)</b>					
<b>9. EMAIL ADDRESS</b> WHITEHEAD.BARBARA@MBCO.COM		<b>10. FORMULA/SOP NO. (If any)</b>	<b>11. LAB. NO. &amp; DATE / PREIMPORT NO. &amp; DATE (If any)</b>	<b>18. TYPE OF APPLICATION (Check applicable box(es))</b>	
<b>12. NET CONTENTS</b> 1 PT. (16 FL. OZ.) 1 PT. 8 FL. OZ. (24 FL. OZ.)		<b>13. ALCOHOL CONTENT</b> 5.9%	<b>14. WINE APPELLATION IF ON LABEL</b>	a. <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL	
<b>15. WINE VINTAGE DATE IF ON LABEL</b>		<b>16. PHONE NUMBER</b> (414) 931-4962	<b>17. FAX NUMBER</b> (414) 931-3732	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)	
				d. <input type="checkbox"/> RESUBMISSION AFTER REJECTION TTB ID. NO. _____	
19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, celoseals, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., net contents etc.). 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.					

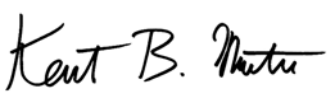
**PART II - APPLICANT'S CERTIFICATION**

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.

<b>20. DATE OF APPLICATION</b> 03/31/2008	<b>21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT</b> (Application was e-filed)	<b>22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT</b> BARBARA WHITEHEAD
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**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.

<b>23. DATE ISSUED</b> 04/04/2008	<b>24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU</b> 
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**FOR TTB USE ONLY**

<b>QUALIFICATIONS</b> EACH CONTAINER MUST BE CODED TO INDICATE ACTUAL PLACE OF BOTTLING.	<b>EXPIRATION DATE (If any)</b>
<b>STATUS</b> THE STATUS IS APPROVED.	

**CLASS/TYPE DESCRIPTION**

MALT LIQUOR

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Brand (front)

Actual Dimensions: 8.11 inches W X 5.91 inches H

Note: The image below has been reduced to fit the page. See actual dimensions above.



TTB F 5100.31 (6/2006) PREVIOUS EDITIONS ARE OBSOLETE