

| DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS FORMULA AND PROCESS FOR NONBEVERAGE PRODUCT <i>(See instructions attached-Prepare in triplicate, except if manufactured abroad)</i> | | | 1. FORMULA NUMBER 333 |
|---|---|--|--|
| 3. NAME OF PRODUCT. 1% Solution | 4. CHECK IF SAMPLE WILL BE SUBMITTED <div style="text-align: center;"> <input type="checkbox"/> </div> | 5. NUMBER OF DAYS TO COMPLETE PROCESS 1 | 2. KIND (e.g. Alcohol, Rum) PROOF OF SPIRITS ON WHICH DRAWBACK WILL BE CLAIMED. 190 Proof Alcohol |
| 6. NAME OF THE MANUFACTURER & ADDRESS WHERE PRODUCTS WILL BE PRODUCED (if multiple production sites, list other addresses on reverse). Company Inc. 1111 Road Way City, State 11111 | 7. CHECK KIND OF PRODUCT: <input type="checkbox"/> MEDICINE/ MEDICINAL PREPARATION <input checked="checked" type="checkbox"/> FLAVOR/ FLAVORING EXTRACT <input type="checkbox"/> FOOD PRODUCT PERFUME | | 8. FORMULAS SUPERSEDED. |
| | 9. ELIGIBLE ABSOLUTE ALCOHOL VOLUME USED. (See instructions) 94.82 | | 10. ALCOHOL CONTENT BY VOLUME OF FINISHED PRODUCT. 88 - 95 |
| 11. IF MADE WITH RECOVERED SPIRITS: ELIGIBLE PLUS RECOVERED ABSOLUTE ALCOHOL BY VOLUME USED. (See instructions). | | | 12. IF FINISHED PRODUCT IS TO BE USED IN ALCOHOLIC BEVERAGES: |
| | | | A. DOES PRODUCT CONTAIN NATURAL FLAVORING? (YES OR NO) B. DOES PRODUCT CONTAIN GREATER THAN 0.1% ARTIFICIAL FLAVORING(Excluding Vanillin, Ethyl Vanillin, Maltol, Ethyl Maltol)? (Yes or No) C. STATE PARTS PER MILLION IN PRODUCT OF: VANILLIN ETHYL VANILLIN SYNTHETIC MALTOL ETHYL MALTOL D. DOES PRODUCT CONTAIN A COLOR ADDITIVE? IF YES, WHICH? E. ARE ALL INGREDIENTS APPROVED BY FDA FOR USE WITHOUT LIMITATION OR RESTRICTION? (YES OR NO) |
| 13. FORMULA AND PROCESS (Use Additional Space on Reverse if Necessary). | | | |
| Alcohol 190 Proof FEMA # ---- | | | 99.0 lbs (14.571 gal) 1.0 lbs |
| Initial yield | | | 100 lbs (14.599 gal) |
| Process: Simple Mixture | | | |
| 14. CONTACT PERSON (Include Area Code & Phone No.) Dr. Incorp (123)456-7890 | | 15. SIGNATURE & TITLE OF APPLICATION OR AUTHORIZED AGENT. <i>Dr. Incorp</i> | |
| | | 16. DATE. 6/21/2004 | |
| APPLICANT: PLEASE MAKE NO ENTRY BELOW THIS LINE. | | | |
| 17. LABORATORY SAMPLE NUMBER. | 18. ACTION. | | |
| 19. ALCOHOL BY VOLUME. % | | | |
| 20. ANALYST. | | | |
| 21. DATE | | | |
| (Empty space for additional information) | | | |