#### FONL (Formulas Online) Beverage Alcohol Formula Submission Application

TTBONLI Alcohol and tobacco tax U.S. department of the treasury						
	REGISTER	HOW TO REGISTER	PUBLIC COLA REGISTRY	FAQ	CONTACT US	
			Already registered	? Log in:		
		User Name: Password:		Expired password ? New or forgotten password ?		
		Logon to:	COLAs Online Form	ulas Online		
Notice! formula submis <u>Members</u> )	Formulas Online has been upd: ssions, click on the <b>"Advanced</b>	ated. This new release includes som <b>Search</b> " button on the top right of	e major changes to <b>"My Sub</b> the screen after you log in. T	missions". Now, by default, ake a look at some of the add	you will see only the in-process formula submissions. To find c itional highlights: <u>What's New in Formulas Online 1.6 (Industr</u>	losed ¥
*******	*					
	at you may have a pop-up bloc ernet Explorer 11 for more infor		wser settings. You must turn	off the pop-up blocker in ord	er for Formulas Online to operate properly. Please see <u>How to</u>	Allow
Check the mos	t recent processing times for la	bel applications or beverage formula	applications.			
You may also I	ogin at any time to check the st	atus of individual label applications	and/or formula applications.			
sile the Alcohol and Tobacco Ta:				SMENT t numbers, and other data provided in t	OW.) he registry may change over time. TTB makes no varranty, expressed or implied, . Registry, Please contact us via email at <u>plifdttb.cov</u> .	and assumes no
		ty accessing any information in the site due to a	disability, please contact us via email at 1280x800 screen resolution or highe	(alfd@ttb.gov) and we will do our best ir using Internet Explorer 8.0 or higher.		
			S COMPUTER YOU ARE AGREEING TO	TED AND SUBJECT TO CRIMINAL AND C ABIDE BY THE TTB RULES OF BEHAVIO	IVIL PENALITIES. THE DEPARTMENT MAY MONITOR, RECORD, AND AUDIT ANY AC R, AND ARE CONSENTING TO SUCH MONITORING, RECORDING, AND INFORMATIC 5 THIS SYSTEM.	

Privacy Policy: http://www.ttb.gov/about/privacy\_policy.shtml

Privacy Impact Assessment: http://www.ttb.gov/foia/pia.shtml

In addition, the following government warning displays when user logs in:

Message from webpage	J
WARNING! THIS SYSTEM IS THE PROPERTY OF THE UNITED STATES DEPARTMENT OF TREASURY. UNAUTHORIZED USE OF THIS SYSTEM IS STRICTLY PROHIBITED AND SUBJECT TO CRIMINAL AND CIVIL PENALITIES. THE DEPARTMENT MAY MONITOR, RECORD, AND AUDIT ANY ACTIVITY ON THE SYSTEM AND SEARCH AND RETRIEVE ANY INFORMATION STORED WITHIN THE SYSTEM. BY ACCESSING AND USING THIS COMPUTER YOU ARE AGREEING TO ABIDE BY THE TTB RULES OF BEHAVIOR, AND ARE CONSENTING TO SUCH MONITORING, RECORDING, AND INFORMATION RETRIEVAL FOR LAW ENFORCEMENT AND OTHER PURPOSES. USERS SHOULD HAVE NO EXPECTATION OF PRIVACY WHILE USING THIS SYSTEM. If you accept, please press 'OK' otherwise exit from the system.	
OK Cancel	

#### User registration

Main Company Comments   Docs/Links   At   Comments   Upload   POA Form   SA Form   Type of Application •     • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • New Application •   • State:   • Street:   • City:   • Street:   • State:   • Zip:   Business E-mail Addresses •    Up to three e-mail addresses may be provided. COLAs Online and Formulas Online will correspond with the Primary e-mail address.   • Street:   • City:   •	HOLAND TORACCO TAKAND TRADE BUERAU BAITMENT OF THE TELASURY	<u>Text Menu</u> <u>H</u>	elp <u>Contact Us</u>	<u>Exi</u>
nt Comment Value POA Form SA Form     Type of Application @ <ul> <li>New Application</li> <li>You've never had an online account with TTB</li> <li>Reactivate an Inactive Account</li> </ul> In the past, you had an online account with TTB that has been inactivated Personal Information @ <ul> <li>First Name:</li> <li>N. I.:</li> <li>Last Name:</li> <li>Suffix:</li> <li>Fingloyer:</li> <li>Title:</li> <li>Label Rep. ID:</li> </ul> Phone Number: Fax Number:   Address Format: USPS Domestic V   Street: Image: Comment Value of Comment Value o	er Registration 🛛			
Type of Application •   • New Application   You've never had an online account with TTB   • Reactivate an Inactive Account   In the past, you had an online account with TTB that has been inactivated   Personal Information • • First Name:	Aain Company Comments Docs/Links			
New Application You've never had an online account with TTB   neactivate an Inactive Account In the past, you had an online account with TTB that has been inactivated   Personal Information <b>O</b> First Name:    M. I.:   `last Name:   Suffix:   Employer:   Title:   Label Rep. ID:   Phone Number:   Fax Number:   Address Format:   USPS Domestic V   Street:   `city:   `street:   `zip:   Business E-mail Addresses <b>O</b> Cup to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.   Streat   `@   O   Authentication Questions <b>O</b>	nt   Comment   Upload   POA Form   SA Form			
• Reactive an Inactive Account In the past, you had an online account with TTB that has been inactivated     Personal Information •     • First Name:     • First Name:     • First Name:     • M. I.:     • Last Name:     • Suffix:     • Employer:   • Employer:   • Title:   • Label Rep. ID:     • Phone Number:   • Japa:   • Address Format:   • USPS Domestic •   • Street:   • City:   • State:   • Zip:               Business E-mail Addresses •   • Up to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.   Str As PRIMARY   • • • •   • • •   • • •   • • •   • • •   • • •   • • •   • • •   • • •   • • •   • • • •   • • • •   • • • •   • • • •   • • • •   • • • •   • • • •   • • • •   • • • • •   • • • • •   • • • • • • • • • • • • • • • • • • •	Type of Application 0			
• First Name: M. I.: • Last Name: Suffix:   • Employer: Title: Label Rep. ID:   • Phone Number: Fax Number:   Address Format: USPS Domestic V   • Street:				
Employer: Title:   Phone Number: Fax Number:   Address Format: USPS Domestic ♥   Street: •   City: •   * Zip: •   Business E-mail Addresses @    Up to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.   State Series •   • @	Personal Information 0			
Phone Number: Fax Number:   Address Format: USPS Domestic V   Street:	* First Name: M. I.: Last Name: Suffix:			
Address Format: USPS Domestic V   Street: •   • City: •   • State: •   • Zip: •   Business E-mail Addresses $\Theta$ Up to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.   SET AS PRIMARY   • • •   • • •   • • •   • •	* Employer: Title: Label Rep. ID:			
Street:   City:   State:   Zip:    Business E-mail Addresses @  Up to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.     Set as PRIMARY   E-MAIL ADDRESS    Authentication Questions @	* Phone Number: Fax Number:			
City:     State:     Zip:     Zip:     Up to three e-mail addresses @      Up to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.     SET AS PRIMARY     E-MAIL ADDRESS     @     O     O     O     O	Address Format: USPS Domestic ✓			
State:  Zip:  Dup to three e-mail Addresses @  Up to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.  SET AS PRIMARY E-MAIL ADDRESS	* Street:			
* Zip:	* City:			
Business E-mail Addresses  Up to three e-mail addresses may be provided. COLAs Online and Formulas Online will correspond with the Primary e-mail address. SET AS PRIMARY E-MAIL ADDRESS *				
Up to three e-mail addresses may be provided. COLAS Online and Formulas Online will correspond with the Primary e-mail address.          SET AS PRIMARY       E-MAIL ADDRESS         * •	* Zip:			
SET AS PRIMARY     E-MAIL ADDRESS       * •	Business E-mail Addresses 0			
*	Up to three e-mail addresses may be provided. COLAs Online and Formulas Online will correspond with the Primary e-mail address.			
Authentication Questions @				
Authentication Questions 0	* •			
Authentication Questions 0				
	0			
Select three questions and provide answers. These answers will enable you to create your initial password, and will be used for authentication should you ever forget your	-			

### Type of Application

-Type of Application @					
O New Application	You've never had an online account with TTB				
Reactivate an Inactive Account	In the past, you had an online account with TTB that has been inactivated				
Inactive User ID If you remember the User ID of your inac Existing (Inactive) User ID:	tive TTB Account, please enter it here.				

Type of Application 0				
New Application	You've never had an online account with TTB			
$\bigcirc$ Reactivate an Inactive Account	In the past, you had an online account with TTB that has been inactivated			

#### Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. We collect this information to verify your compliance with Federal laws and reguations we administer for the formulation of alcohol beverages. The information is mandated by statue (26 U.S.C. Chapter 51) and is used to obtain a benefit. The information collected on this form must be considered confidential tax information under 26 U.S.C. 6103, and must not be disclosed to any unauthorized part under 26 U.S.C. 7213.

We estimate 2 hours as the average burden for you to complete this form depending on your individual circumstances. You may comment to use about the accuracy of this burden estimate and suggest ways for us to reduce the burden. Address your comments or suggestions to: Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G Street, NW., Box 12, Washington, DC 20005.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number. This collection is approved under OMB control number 1513-0122.

### **Personal Information**

-Personal Information	)
* First Name:	M. I.: Last Name: Suffix:
* Employer:	Title: Auditor Label Rep. ID:
* Phone Number:	Fax Number:
Address Format:	
* Street:	
* City:	Yandiadama
* State:	
* Zip:	

#### Business Email Address:

Business E-mail Addresses ?						
	E-MAIL ADDRESS					
* 💿						
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Jser Registrat	ser Registration 🧕						
Main Company	Comments Docs	/Links					
Print   <u>Comment</u>	Upload   POA Form	<u>SA Form</u>					
Company Deta	ail 0						
	sting access to COLAs Onl System Access: No Ac						
SYSTEM	BEVERAGE/ NON	PERMIT/ CODE	Сомрану	Access	ACCESS LEVEL	REQUESTED ACTION	DISPOSITION
				Add			
Perjury Statem	ent						
Under the penalties of perjury, I declare that all the statements appearing on this application, including supplemental documents, are true and correct to the best of my knowledge and belief. I also certify that I have read, understood, and complied with the conditions and instructions for filing this application.							
-		« Previous	Validate	Cancel	Submit Nex	t »	

## Authentication Questions

Authentica	Authentication Questions 0					
Select three password.	questions and provide answers. Thes	e answers will enable you to	create your initial password, and will be	used for authentication should you ever forget your		
	QUESTION		Answer			
• 1:		~		]		
* 2:		~		]		
* 3:		~		]		

Submitter company information:

Jser Registration o				
Main Company Comments Docs/Links				
Print   Comment   Upload   POA Form   SA Form				
-Company Detail 🚱				
If you are requesting access to COLAs Online, please specify COLAs Online System Access: No Access				
SYSTEM BEVERAGE/ NON PERMIT/ CODE COMPANY ACCESS ACCESS LEVEL REQUESTED ACTION DISPOSITION				
Add				
Perjury Statement				
Under the penalties of perjury, I declare that all the statements appearing on this application, including supplemental documents, are true and correct to the best of my knowledge and belief. I also certify that I have read, understood, and complied with the conditions and instructions for filing this application.				
« Previous Validate Cancel Submit Next »				

### Company Information/System Information

System Information @* System Requested:  COLAs Online O Formulas Online	
*System Access: Submitter	
─ System Information ❷	—

System Requested: OCOLAs Online OFormulas Online System Access: OSubmitter OPreparer / Reviewer

\*Company Type: 
 Alcohol Beverage 
 Nonbeverage Product

# Submitter Company Information

┌─ Company Information 🛛					
*Registry, Permit, or Brewer's Notice: (Provide the Registry Number from your Basic Permit)					
Date of Permit Issue: (Format: MM/DD/YYYY)					
Company Code: (if known)					
*Company Name:					
Address Format:					
*Street:					
*City:					
'State:	V				
'Zip Code:					

#### Approver Information

Approver Information @	
Title of Company Approval Official:	
Name of Company Approval Official:	

### Docs/Links Tab

Jser Registra	ation 0			
Main Compan	y Comments Docs/Links			
Print   Comment	Upload   POA Form   SA Form			
Submission	Documents 🛛			
Туре	DESCRIPTION	INVALIDATED FILE	SIZE	DATE
		Upload		
Perjury Statem	ent			
		statements appearing on this application, including supplementa and complied with the conditions and instructions for filing this ap		rrect to the best of my knowledge
-		« Previous Validate Cancel Submit		

Create a new uniform submission



Create New or Superseding Formula	×
* fields are required.	
* Product Source:	Domestic Import For Export Only
* Action:	● Create New Formula ○ Supersede Existing Formula
	Continue Cancel

Create New or Superseding Formula		×
• fields are required. • Product Source: • Permit Number:	Domestic V	
* Action:	Create New Formula Continue Cancel	

Create New or Superseding Formula	×
* fields are required. * Product Source:	
Permit Holder Address:	
Name: Street: City: State: Zip:	
Submitter Mailing Address:	
Address Format:   * Street:   * City:   * State:   * Zip:	
Action:  Create New Formula  Supersede Existing Formula Continue Cancel	

Uniform 🧕				
Main Formula S	amples Company Comments	Docs/Links		
Print   Comment   Uple	oad			
□Company/Address	Detail 0			1
	PERMIT NUMBER/N	Address	PHONE NUMBER	START DATE END DATE
Manufacturer				04/23/2015
Mailing	Jane Smith			
		Add Delete		
Perjury Statement				
Under the penaltie	es of perjury, I declare that all the statemen I also certify that I have read, understood,		ding supplemental documents, are true and instructions for filing this application.	correct to the best of my
	Save a	s Draft Validate Cancel S	Next »	

Create new company address:

Company		×
Address		^
<ul> <li>fields are required.</li> </ul>		
Address Type:	Foreign Manufacturer V	
Address Format:	Foreign V	
Foreign * Manufacturer Name:		
Street:		
City:		
Country:	~ ~	
Region:		
Province:		
Foreign Postal Code:		
	OK Cancel	~

## Entering new uniform formula info

Main Formula	Samples	Company	Comments	Docs/Links		
nt   <u>Comment</u>	<u>Upload</u>					
Create New Forn	ula OSupe	rsede Existing	J Formula 🛿			
TTB Formula ID: Company ID: OH-W-999	Co	ompany Name	:	* C	mpany Formula #:	
Commodity: Product Name:		~		* P	oduct Source: Domestic V	
Class/Type: 0 Type Description:	25	Z 50 character	s left	$\sim$		
Contacts 🛛 ——		Nam	e		Telephone	E-mail Address
	alties of perju				s application, including supplemental document the conditions and instructions for filing this app	

#### Superseded Formula

Supersedes Formula		
COMPANY FORMULA #	TTB FORMULA ID	

Supersed	les Formulas			8	×
Supers	seded Formu	ıla			
Sup	erseded Formula				
TTE	3 Formula ID:				
Pen	mit Number:	OR	✓ Company Formula #:		
			OK Cancel		

### Create a new uniform – superseded formula added

Supers	edes Formula—			
	COMPANY FORMULA #		TTB FORMULA ID	
Add	Delete			
TTB For	mula ID:			* Company Formula #:
Compan		Company Name:		
		POM VINEYARD INC		

### Class/Type

Uniform 🛛				
Main Formula	Samples	Company	Comments	Docs/Links
Print   Comment	<u>Upload</u>			
*      Oreate New Forn	nula OSuper	sede Existing	g Formula 🕜	
TTB Formula ID:				* Company Formula #:123456
Company ID: OH-W-999	Company POM VINE			
* Commodity:	Wine 🗸			* Product Source: Domestic V
Product Name:	POM WINE	Ξ		
* Class/Type: 🔞	IMITATIO	N WINE		✓
* Type Description:		ATION WINE	< >	
Contacts 0				
Address Type Contact		Nam	ie	Telephone E-mail Address
Perjury Stateme	alties of perju			nents appearing on this application, including supplemental documents, are true and correct to the best of my od, and complied with the conditions and instructions for filing this application.
		« Pr	revious	Save as Draft Validate Cancel Submit Next »

#### Formula Tab

niform 🛛		
Main Formula Samples Co	ompany Comments [	Docs/Links
<u>int</u>   <u>Comment</u>   <u>Upload</u>		
C		
* Measurement Type:	OPerc	centage
* Measurement Units:	• Engl	

niform 🛛							
Main Formula Samples Company	Comments Docs/Links						
Print   Comment   Upload							
Summary 0							
* Measurement Type:	Percentage     O Volume/Weight						
<ul> <li>Measurement Type:</li> <li>Total Yield:</li> </ul>	Percentage     Volume/Weight						

FERMENTABLE INGRED	IENTS 🔞							
			Quan	ТІТҮ				
	GROUP	Lov	w Нідн	UNIT				
		1.0		Percen	tage			
			Group Ungroup	Add Delete	Add Att	tachment		
FINISHED ALCOHOL								
			QUANTITY	γ		ALCOHOL BY VOLUME	ттв	
	GROUP	Low	Нідн	UNIT	Low	Нісн	FORMULA ID	Соммор
		1.0		Percentage	9 1	0		Wine
			Group Ungroup	Add Delete	Add Att	achment		
FLAVORS 🔞								
			QUANTIT	γ			COMPANY	ттв
	GROUP	Low	Нідн	UNIT	Туре	COMPND?	FORMULA #	Formu ID
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			Group Ungroup	Add Delete	Add Att	achment		
OTHER INGREDIENTS	)							
			QUANTITY					
	GROUP	Low	Нідн	UNIT	Түре	DESCRIPTION		
		1.0		Percentage	Other			
						achment		

Fermentable Ingredien		
i ennentable ingredien	t Information	
* Name:		
* Quantity:		]
* Unit of Measure:	Percentage V	L
Group Name:		
Group Description:		
-Ingredient Documer	its	
Туре	NAME DATE	

Add Ingredient		
Ingredient		
Finished Alcohol Ingre	dient Information	-
Manufacturer Name: * Ingredient Name:		
* Quantity:	-	
* Unit of Measure: * Alcohol By Volume:	Percentage V	
Proof at Distillation:	-	
* Commodity: Process Description:		
	4000 characters left	
Group Name:		
Group Description:		
-Ingredient Documer	nts	
Туре	Nаме Date	
	OK	

dd Ingredient	
ngredient	
-Flavor Ingredient Informa	ition
Compound Flavor?	
TTB Formula ID:	Clear
Company Code:	
Company Formula ID:	
Flavor Manufacturer Name:	
* Flavor Name:	
* Quantity:	
* Unit of Measure:	Percentage V
* Туре:	<b>v</b>
Group Name:	
Group Description:	
-Ingredient Documents	
Туре	Nаме Date
	Find FID
	OK Cancel
1	

-Other Ingredient Inform	nation
* Ingredient Name:	
* Quantity:	-
* Unit of Measure:	Percentage V
* Type:	$\sim$
Type Description:	~
	250 characters left
Group Name:	
Group Description:	
Ingredient Documer	
Туре	Name Date

#### Add/Edit Attachment

Add Attachme	ent for Ingredient	3
* Description	character(s) left	$\sim$
Ingredient: * Type:	POM Fermented Seeds	
* File:	OK Cancel	Browse

Sample Detail

nifor	m 0							
Main	Formula	Samples	Company	Comments	Docs/Links			
int I !	Comment	Upload						
C	la Datail (							
	De Detail ( SAMPLE ID	LIMS ID	QUANTITY	UNIT	% FILL	DESCRIPTION OF CONTENTS	DATE SENT	DATE RECEIVED
						Add		
		alties of perjury				nis application, including supplemer h the conditions and instructions for		are true and correct to the best of my ation.
				« Previous	Save as Dr	raft Validate Cancel Su	bmit	

#### Create a new uniform – sample

Sample 🗙
Sample
- Sample Information
Sample ID:
Quantity:
Unit of Measure:
% Fill:
* Description:
250 characters left
Date Sent:
OK Cancel

Create a new Uniform – unauthorized user

Uniform ø						
Main Formula Samples Company		Comments	Docs/Links *	Unauthorized Users		
Copy as New   Print   Comment   Notif		Upload   Withd				
Submission ID: Status:	1334492 Items Pending		B Formula ID:	1269504	Date Submitted:	04-24-2015 07:42 AM
COLAS USER ID	USER NAME					
12263	KRIS PERRY					
	Add	Delete				
				Save		

#### Method of manufacture

