

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 11 ;
 ending June 30 20 12

TO THE GOVERNING BODY of the: Town of }
 Village of } Madison
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): La Guanajuatense LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Co-Owner Miguel A. Caviedes</u>	<u>3714 W Karstens Dr</u>	<u>Madison 53704</u>
Vice President/Member	<u>Co-Owner Jane M Kelsey</u>	<u>3714 W Karstens Dr</u>	<u>Madison 53704</u>
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

3. Trade Name La Guanajuatense Business Phone Number (608) 271-7204
 4. Address of Premises 1318 S Midvale Blvd Post Office & Zip Code Madison 53711

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state WI and date March 2011 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant, bar and kitchen

10. Legal description (omit if street address is given above): _____
 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Guanajuato
 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Dane Yes No
 13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
 14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 23 day of April, 20 11

Janet O. Krayer
 (Clerk/Notary Public)

Janet O. Krayer

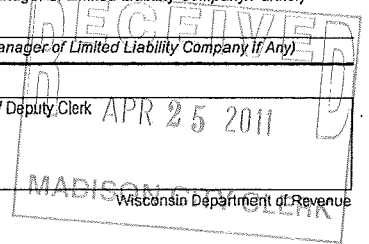
Jane M Kelsey Co-Owner
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Jane M Kelsey
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 11-4-2012

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	
		<u>WLCLIB-2011-00351</u>	

Applicant's Wisconsin Seller's Permit Number: <u>1627269681</u>	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$



City of Madison Supplemental Class B License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership, <u>not complete</u> <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <u>not yet signed or prepared</u> <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC La Guana Justice LLC
2. Address of Licensed Premise 1318 S. Midvale Blvd Madison 53704
3. Telephone Number: (608) 271-7204 4. Anticipated opening date: Apr. 22, 2011
5. Mailing address if not opening immediately 3714 W Karstens Dr #2 Madison 53704
6. Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate? Yes No
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. _____

8. Business Description, including hours of operation: One building next to Guana Justice Supermarket This is a restaurant and bar Open about 10 AM to, maybe 2 AM - No alcohol sales after 11:00 PM
9. Do you plan to have live entertainment? No Yes—What kind? not at this time

10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**
alcohol stored behind bar and maybe in kitchen area in a locked container
A single level 7180 sq ft rectangular building 2 60% kitchen and 40% restaurant + bar. When entering front door, the bar is straight ahead + to right The restaurant is to the left about 70% of the bar/restaurant area. It holds about 12 small tables, with 4 chairs each.
11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. There are parking spaces in front of and to the side of the building. Also across the parking lot from the building there are 8 more spaces.
13. Describe your management experience, staffing levels, duties and employee training.
I have had some management experience as a pharmacist. My husband has managed a restaurant in Madison and has started and managed 3 businesses in Mexico for 3 yrs.
14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

Lane Kelsey 3714 W Karstens Dr #2 Madison, WI 53704
Name Address

15. Utilizing your market research, who would you project your target market to be?

Patrons of Guanguito Super Market, the neighborhood primarily at a busy intersection

16. What age range would you hope to attract to your establishment? Middle to late 20s and older

17. Describe how you plan to advertise/promote your business. What products will you be advertising? Food

Signage - new business, Spanish radio station

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No

not yet available

19. Owner of building where establishment is located: Aubrey Fowler

Address of Owner: 702 N Blackhawk Av Madison 53703 Phone Number 608-238-3180

20. Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin? N/A Yes No

21. List the Directors of your Corporation/LLC

Miguel A. Caviodes 3714 W. Karstens Dr #2 Madison, WI 53704
Name Address

Jane M. Kelsey 3714 W. Karstens Dr #2 Madison, WI 53704
Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

none
Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. _____

24. What type of food will you be serving, if any? Mexican

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? 10 AM to 2 AM

27. What hours, if any, will food service not be available? none
28. Indicate any other product/service offered. sports on TV
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 6-8
During what hours do you anticipate they will be on duty? 10 AM to 10 PM
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? 5
How many bartenders do you anticipate you would have working at one time on a busy night? one
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No
If yes, what will be the seating capacity for that area? about 48
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
60 to 75%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 80-90%
What percentage of your advertising budget do you anticipate will be drink related? 10-20%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No
-

42. What is your estimated capacity? 50

43. Pursuant to Chapter 23 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

Gross Receipts from Alcoholic Beverages	25 %
Gross Receipts from Food and Non-Alcoholic Beverages	75 %
Gross Receipts from Other	%
Total Gross Receipts	100%

44. Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated.

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Subscribed and Sworn to before me:

this 23 day of April, 2011

Jane Kelsey
(Office of Corporation/Member of LLC/Partner/Individual)

Janet O. Kroyer
(Clerk/Notary Public) Janet O. Kroyer

My commission expires 11-04-2012



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-264-6884
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

Letter ID: L1839307456

LA GUANAJUATENCE LLC OWNED BY MIGUEL
 CAVIEDES AND JANE
 3714 W KARSTENS DR APT 2
 MADISON WI 53704-1550



State of Wisconsin • DEPARTMENT OF REVENUE

Wisconsin Seller's Permit - Personal Wallet
 Copy

Sellers Permit Number: 456-1027269681-02
 Expiration Date: 31-Mar-2013
 Legal/Real Name: LA GUANAJUATENCE LLC OWNED BY
 MIGUEL CAVIEDES AND JANE KELSEY

Signature _____

Registration Certificate

Certificate Expiration Date: 31-Mar-2013

LEGAL/REAL NAME: LA GUANAJUATENCE LLC OWNED BY MIGUEL CAVIEDES AND
 JANE KELSEY

This certificate confirms that you are registered with the Wisconsin Department of Revenue.
 This certificate is not transferable.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., the
 wallet copy should be displayed or carried with you to various events.

You are authorized to engage in the business activity(ies) indicated for the following tax(es).

Tax Type	Account Type	Cease Date	Number
Sales & Use Tax	Seller's Permit		456-1027269681-02
Withholding Tax	Withholding Tax		036-1027269681-04



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-05-2011

Employer Identification Number:
27-5361069

Form: SS-4

Number of this notice: CP 575 A

LA GUANAJUATENCE LLC
JANE M KELSEY SOLE MBR
3714 W KARSTENS DR APT 2
MADISON, WI 53704

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-5361069. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2011
Form 940	01/31/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.



WISCONSIN DEPARTMENT OF REVENUE
2135 RIMROCK ROAD
MADISON, WI 53708-8908

State of Wisconsin • DEPARTMENT OF REVENUE

2135 RIMROCK ROAD MADISON, WI 53708-8908
PHONE: 608-266-0800 FAX: 608-264-6884
EMAIL: www.revenue.wi.gov WEBSITE: www.revenue.wi.gov

LA GUANAJUANTENCE LLC OWNED BY MIGUEL
CAVIEDES AND JANE
3714 W KARSTENS DR APT 2
MADISON WI 53704-1550

Voucher Information

Date:	09-Mar-2011
Created By:	rt
Taxpayer Name:	LA GUANAJUANTENCE LLC OWNED BY MIGUEL CAVIEDES AND JANE
	KELSEY
Taxpayer ID Type:	WTN
Taxpayer ID:	1027269681
Account Type:	Business Tax Registration
Voucher Type:	BTR Payment
Filing Period:	31-Mar-2013
Voucher Amount:	\$30.00

Detach here and return bottom portion with your payment. Keep top portion for your records.

Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
LA GUANAJUATENCE LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
JANE M KELSEY
- Article 4. **Street address of the initial registered office:**
3714 Karstens Drive, #2
Madison, WI 53704
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A member or members
- Article 6. **Name and complete address of each organizer:**
JANE M KELSEY
3714 Karstens Drive, #2
Madison, WI 53704
United States of America

Miguel A Caviedes Perez
3714 Karstens Drive, #2
Madison, WI 53704
United States of America
- Other Information. **This document was drafted by:**
Robert D Hoyt

Organizer Signature:
JANE M KELSEY

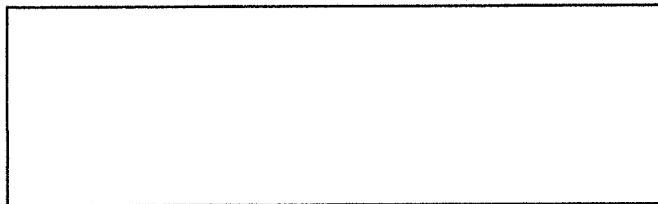
Date & Time of Receipt:

3/5/2011 11:51:48 AM

Credit Card Transaction Number:

201103052521491

**ARTICLES OF ORGANIZATION - Limited Liability
Company(Ch. 183)**



Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
3/5/2011	

FILED 3/9/2011	Entity ID Number L048767
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This document is not yet filed.

Sec. 183.0202
Wis. Stats.



State of Wisconsin
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JANE M KELSEY
3714 Karstens Drive, #2
Madison, WI 53704
United States of America

Miguel A Caviedes Perez
3714 Karstens Drive, #2

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Wisconsin Limited Liability Company Articles of Organization Order Receipt

We have received your Articles of Organization for **LA GUANAJUATENCE LLC**. A confirmation email has been sent to jane.kelsey@sbcglobal.net.

[Click here for a printer-friendly view of the received document.](#)

The contact person we have on record for this document is:

JANE M KELSEY

jane.kelsey@sbcglobal.net

608 244 1872

Please print this page for your future reference.

You will see a charge on your credit card from **WI Dept of Financial Inst** in the amount of **\$130.00**.

Do you use email spam-blocking tools?

To ensure you receive all e-mail communications regarding this filing, please add **corporations@dfi.state.wi.us** to your list of safe addresses.

You should receive a confirmation email shortly. If you do not receive the confirmation message within 24 hours you should contact your Internet provider and ensure that email from the dfi.state.wi.us, wdfi.org, and wisconsin.gov domains is not being blocked. All email sent from our mail servers conforms to the Sender Policy Framework (SPF) standard and you may wish to advise your Internet provider of that. If your Internet Provider is blocking the emails and is unable to remove the block we would suggest that you use one of the large free email systems such as Google Mail, HotMail, or Yahoo as they do not block email but deliver it into a possible spam folder instead.

What we will do

We will act on your document in the order in which it was received at this Department.

If your document is acceptable:

We will endorse it "FILED". This endorsement will include the effective date of the document and the entity's ID number that we assign. An email will be sent to jane.kelsey@sbcglobal.net with a link to the filed document.

If your document is not acceptable:

An email will be sent to jane.kelsey@sbcglobal.net with a link to make the necessary corrections. You must make the corrections to the document and resubmit it. You will not be charged again. The resubmitted document will be subject to a new received date.

What Next

- For questions regarding this filing, call (608) 261-7577.
- [Give feedback.](#)
- [Submit another document.](#)
- [DFI Home Page](#)
- [Wisconsin.gov: Build Your Business](#)

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC


I, Miguel A Caviedes, officer/member for La Guanajuatence LLC
(Corporation/LLC), doing business as La Guanajuatence, authorize and appoint
Miguel A Caviedes (Name) as the liquor/beer agent for the premise
located at 1318 S. Midvale Blvd.

Subscribed and sworn to before me this

25th Day of April, 2011

Jan K. Phelan
Notary Public, Dane County, Wisconsin

My Commission Expires 6/22/14


Signature of Officer/Member

To be completed by appointed Liquor/Beer Agent

I, Miguel A Caviedes, appointed **liquor/beer agent** for
La Guanajuatence LLC (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is 50 %.

Subscribed and sworn to before me this

25th Day of April, 2011

Jan K. Phelan
Notary Public, Dane County, Wisconsin

My Commission Expires 6/22/14


Signature of Agent

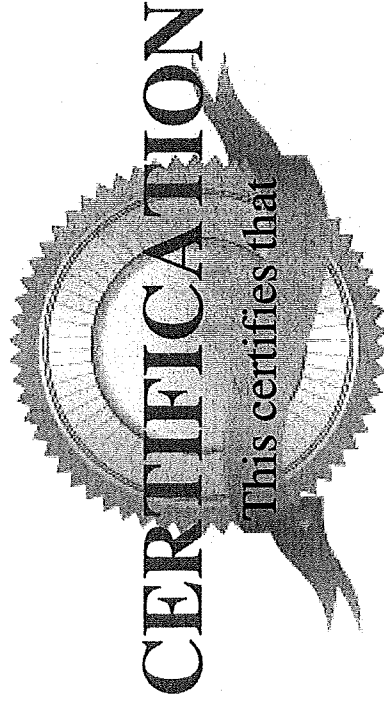
The appointed Liquor/Beer Agent must complete the other side of this form.

VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: Z6JGV8EBID

ONLINE TRAINING

SERVING ALCOHOL INC
UNITED STATES OF AMERICA
team@servingalcohol.com



Miguel Caviedes

has completed necessary Serving Alcohol Inc training to earn the title

Responsible Alcohol Manager

March 23, 2011

Course Information

- * Laws concerning establishments that serve alcohol and alcohol servers
- * House policy: for handling underage, impaired and problem customers
- * House policy: for illegal drug use and/or sales by customers or employees
- * How to document incidents, refusals of service, trespassers, etc.
- * Management techniques that help empower staff to execute responsible service

This course meets requirements for the Florida Responsible Vendor Management course, and is endorsed in Minnesota and Wisconsin.

LA GUANAJUATENCE
RESTAURANT MEXICAN FOOD

1318 MIDVALE DLVD
MADISON WI 53711
PHONE (608) 271-7204
FAX (608) 270-9566

MENU

TAMBIEN BRINDAMOS SERVICIO PARA EVENTOS ESPECIALES
WE DO CATERING, SMALL OR LARGE PARTIES

ANTOJITOS MEXICANOS

TACOS A).....\$ 2.00

TOSTADAS.....\$ 2.00

TRIPA..... (INTESTINE)
ASADA (STEAK)
CHORIZO (MEXICAN SAUSAGE)
SUADERO
CECINA
LENGUA (TONGUE)
POLLO..... (CHICKEN)
PICADILLO (GROUND BEEF)
CHICHARRON (PORK SKIN)
PASTOR (PORK MEAT)

POLLO (CHICKEN)
PICADILLO (GROUND BEEF)
CHICHARRON (PORK SKIN)

GORDITAS..... \$ 3.00

HUARACHES

MIGAJAS DE PUERCO (PORK)
ASADA..... (STEAK)
CHORIZO (MEXICAN SAUSAGE)
POLLO..... (CHICKEN)
CHICHARRON (PORK SKIN)
SUADERO
PASTOR (PORK)

COSTILLA(RIBS)\$ 8.00
CECINA \$ 8.00
ASADA(STEAK)\$ 8.00
PASTOR \$ 8.00
CHORIZO(MEXICAN SAUSAGE)..... \$ 7.00
CHICHARRON..... (MEXICAN SAUSAGE) \$ 7.00
POLLO (CHICKEN) \$ 7.00

TORTAS SANDWICHES

JAMON \$ 7.50
MILANEZA DE POLLO \$ 7.50
MILANEZA DE RES \$ 7.50
PIERNA \$ 7.50
ASADA \$ 7.50
PASTOR \$ 7.50
CHORIZO CON HUEVO \$ 8.00
CUBANAS \$ 11.50
HAWAIANA \$ 8.50

BURRITOS

STEAK, GROUND BEEF, CHORIZO, PORK, .REGULAR\$ 7.50
SUIZO. (GREEN AND RED SAUCE WITH CREAM..... \$ 8.00
DINNER (EXTRA BEANS, RICE, AVOCADO AND SOUR CREAM \$ 9.75
TACO SALAD \$ 7.50