

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 12 ; ending June 30 20 13

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of Madison, WI

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

Table with columns: LICENSE REQUESTED, TYPE, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, and TOTAL FEE.

- 1. The named [ ] INDIVIDUAL [ ] PARTNERSHIP [x] 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 Guanajustice 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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Lists Jane Kelsey and Miguel Carvelles.

- 3. Trade Name: La Guanajustice Restaurant & Bar Business Phone Number: 608 271 7204
4. Address of Premises: 1318 S Midvale Blvd Post Office & Zip Code: Madison WI 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? [x] Yes [ ] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [x] No
8. (a) Corporate/limited liability company applicants only: Insert state and date of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [x] 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 [x] 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.) Level rectangular building, when entering, dining room on left, bar on right

- 10. Legal description (omit if street address is given above): See above

- 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [x] Yes [ ] No
(b) If yes, under what name was license issued? La Guanajustice Restaurant & Bar

- 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] Done in May 2011 [x] 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] [x] Yes [ ] No

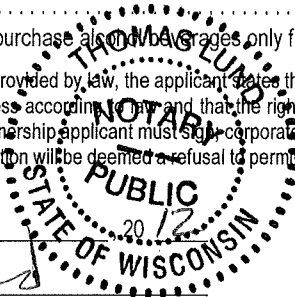
- 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [ ] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant certifies 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of June 2012

Thomas Lund (Clerk/Notary Public)



My commission expires 05/25/2015

Jane Kelsey (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Table with columns: 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, MADISON CITY CLERK

# City of Madison Supplemental Class B License Application

<input type="checkbox"/> Seller's Permit Certificate (Entity must match the Articles of Incorporation) <input 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 <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC La Guanajuatense

2. Address of Licensed Premise 1318 S. Midvale Blvd Madison WI 53711

3. Telephone Number: 608 271 7204 4. Anticipated opening date: opens 5/26/2011

5. Mailing address if not opening immediately \_\_\_\_\_

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: Restaurant and Bar  
Hours now: 11AM - 9:30 PM Sunday - Thursday; 11AM to 10PM Fri & Sat.

9. Do you plan to have live entertainment?  No  Yes—What kind? \_\_\_\_\_

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.**

Upon entering the building, the bar is in front and to the right, the dining area is to the left. Passing through the dining area to the back is the kitchen. The building is single level, 7100 sqft rectangular 40% restaurant and bar and 60% kitchen. 12 small tables with 4 chairs each in the restaurant area.

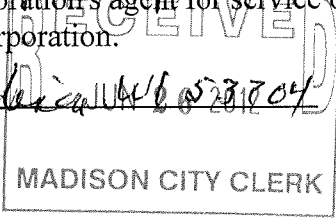
11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. Parking is in front and to one side of the restaurant. Also next to street on opposite side of drive through area.

13. Describe your management experience, staffing levels, duties and employee training.  
Husband, Miguel, has ~~had~~ opened businesses in Mexico and managed a restaurant here for 3 yrs. Will have 5+ employees working at one time. Train on job. all waitresses are to take Responsible Beverage Serving course.

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.

Miguel Carriles 3714 W. Kerstens Dr #2 Madison WI 53704  
 Name Address



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

Immediate neighborhood and all Madison area persons desiring Mexican food.

16. What age range would you hope to attract to your establishment? 1 to 100 - a family restaurant

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

Busky Books and radio advertise food - tacos,

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

19. Owner of building where establishment is located: A. Fowler atty

Address of Owner: 702 N Blackhawk, Madison WI 53705 Phone Number 238-3188

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?  Yes  No N/A

21. List the Directors of your Corporation/LLC

Jane Kelsey 3714 W Karsten Dr #7 Madison, WI 53704  
Name Address

Miguel Caviedes same as above  
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? all hours that we are open.

27. What hours, if any, will food service not be available? none
28. Indicate any other product/service offered. N/A
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? about 10  
During what hours do you anticipate they will be on duty? all hours we are open
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 limited number of drinks  
If yes, how many bar stools do you anticipate having at your bar? 5-6  
How many bartenders do you anticipate you would have working at one time on a busy night? 1
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?  
90%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 100% to 95%  
What percentage of your advertising budget do you anticipate will be drink related? 5%
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 38.02 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.

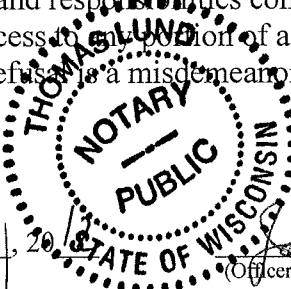
Gross Receipts from Alcoholic Beverages	<del>70</del> 70 %
Gross Receipts from Food and Non-Alcoholic Beverages	80 <del>70</del> %
Gross Receipts from Other	N/A %
<b>Total Gross Receipts</b>	<b>100%</b>

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 or possession 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 26<sup>th</sup> day of June, 2013  
Thomas Lund \_\_\_\_\_  
(Clerk/Notary Public)



My commission expires 05/25/2015

Jane Kelley \_\_\_\_\_  
(Officer of Corporation/Member of LLC/Partner/Individual)

# Appointment of New Liquor/Beer Agent

## To be completed by Corporate Officer or Member of LLC

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

Subscribed and sworn to before me this

26<sup>th</sup> Day of June

Thomas Lund  
Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/2012

Jane Kelsey  
Signature of Officer/Member

## To be completed by appointed Liquor/Beer Agent

I, Miguel Caviedes, appointed **liquor/beer agent** for  
La Guaranjatuencs 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

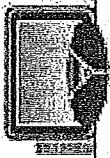
26<sup>th</sup> Day of June

Thomas Lund  
Notary Public, Dane County, Wisconsin

My Commission Expires 05/25/2015

Miguel Caviedes  
Signature of Agent

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

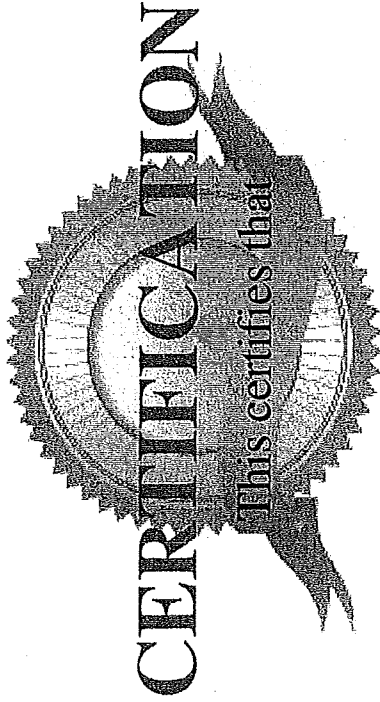


VALIDATE ONLINE AT SERVINGALCOHOL.COM

CODE: Z61GV8EBID

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.




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



 **IRS** 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](http://www.revenue.wi.gov) WEBSITE: [www.revenue.wi.gov](http://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:	rlt
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

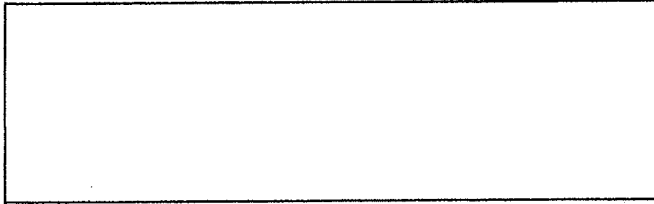
**Date & Time of Receipt:**

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	

<b>FILED</b> 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  
Department of Financial Institutions

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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

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## 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](mailto: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](mailto: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](http://dfi.state.wi.us), [wdfi.org](http://wdfi.org), and [wisconsin.gov](http://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](mailto: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](mailto: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](#)

**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**



LA GUANAJUATENCE

