

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending _____ 20 _____ ;

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 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): Dragon I 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>Raymond Sze</u>	<u>Owner</u>	<u>9213 Crosswinds Ln Apt 304 53593</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Raymond Sze</u>		
Directors/Managers				

3. Trade Name Dragon I Business Phone Number 608 239 6603
4. Address of Premises 422 State Street Madison WI 53703 Post Office & Zip Code 53703

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 _____ and date _____ 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.) all alcohol will be stored behind the bar and will be sold at the main floor and

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 Second & 1000
(b) If yes, under what name was license issued? _____
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] Yes No approximately 3000 feet
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 30 day of July, 20 12

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

(Clerk/Notary Public)

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

My commission expires _____

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

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	

LIC LIB-2012-00659 10-403
27260 AD-4

456102645892302

Applicant's Wisconsin Seller's Permit Number: <u>456102645892302</u>	
Federal Employer Identification Number (FEIN): <u>454047437-261 980806</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>600</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>600</u>
<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 checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input checked="" 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 checked="" type="checkbox"/> Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
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1. Name of Applicant/Partner/Corporation/LLC Adam's ~~Wooden~~ ^{Company} LLC Dragon I LLC
 2. Address of Licensed Premise 422 State Street Madison WI 53703
 3. Telephone Number: 6082396603 4. Anticipated opening date: 8/15/2012
 5. Mailing address if not opening immediately 13 9213 Crosswinds Ln Apt 304 Verona 53593

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: South Asian Food and Hong Kong style Karaoke room, also sale a fresh fruit tropical drink

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.**

Approximately 3500 square feet for Dine in and Karaoke room. 1000 square feet for Kitchen. And around 40 people seating main floor and 40 people can seat second floor. The alcohol only can be sold on the main dining area and second floor dining 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. There are ~~not~~ parking for the public, only parking behind the restaurant for private

13. Describe your management experience, staffing levels, duties and employee training.

I have been manage my restaurant for over at Regent street for over 10 years. I also have guideline rule to train the employee.

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.

Raymond 520E 9213 Crosswinds Ln Apt 304
 Name Address Verona WI 53593

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

Neighborhood, Professor and student

16. What age range would you hope to attract to your establishment? 18 to 80

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

month to month, and put some advertise on Newspaper

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

19. Owner of building where establishment is located: Madison Property Management

Address of Owner: ~~1407 P~~ 1202 Regent St, Madison Phone Number 608 251 8777

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

21. List the Directors of your Corporation/LLC

Raymond Sr 9213 Crosswinds Ln Apt 304 Verona
Name Address ~~4353775~~

Name Address N/A 53593

Name Address

22. List the Stockholders of your Corporation/LLC

Name Address % of Ownership

Name Address N/A % 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? _____

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? Mon to F

From Sun to Wednesday 11am to 12am Thur-Sat 11am to 2am
Whole menu food will be provided during any operating hour

27. What hours, if any, will food service not be available? None
28. Indicate any other product/service offered. /
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? 3 waitress services
During what hours do you anticipate they will be on duty? 11:00 am to 10:00 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? 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? 90
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?
15%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 5%
What percentage of your advertising budget do you anticipate will be drink related? None
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? 90

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	15 %
Gross Receipts from Food and Non-Alcoholic Beverages	85 %
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 _____ day of _____, 20____

(Officer of Corporation/Member of LLC/Partner/Individual)

(Clerk/Notary Public)

My commission expires _____

RAYMOND SZE

Wisconsin Department of Revenue Seller's Permit

DRAGON-I LLC OWNED BY RAYMOND SZE

DRAGON I LLC
422 STATE ST
MADISON WI 53703-2023

Firms you are registered with the Wisconsin Department of Revenue
for the business of selling tangible personal property and taxable

for this permit.

to be displayed at the place of business and is not valid at any other

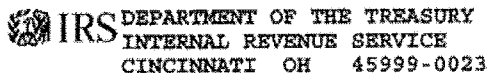
if not operated from a fixed location, you must carry or display this

Account Type

Seller's Permit

Account Number

456-102645012345



Date of this notice: 02-18-2008

Employer Identification Number:
26-1980806

Form: SS-4

Number of this notice: CP 575 A

DRAGON-I LLC
RAYMOND SZE SOLE MBR
PO BOX 275
MARATHON, WI 54448

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

422 STATE ST.
MADISON, WI 53703

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 26-1980806. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments, and related correspondence. 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 this information isn't correct as shown above, please correct it using the tear off stub from this notice and return it to us so we can correct your account.

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

Form 940	01/31/2009
Form 944	01/31/2009

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of this notice. If you need help in determining what your tax year is, see Publication 538, Accounting Periods and Methods, available at your local IRS office or you can download this publication from our website at www.irs.gov.

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 on 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.)

炒飯

Fried Rice

* Level of Spiciness: Mild, Medium or Hot

C1	Pork, Chicken or Seafood Fried Rice	豬肉 / 雞肉 / 海鮮炒飯	\$8.95
C2	Dragon's Fried Rice	Dragon's 招牌炒飯	\$9.25
C3	Dragon's Combination Fried Rice	Dragon's 綜合炒飯	\$9.95
C4	Korean Beef Kimchi Fried Rice	韓式泡菜牛肉炒飯	\$10.95
C5	Mango Chicken Fried Rice	芒果雞炒飯	\$8.95
	Pineapple Chicken and Shrimp Fried Rice, Served in a Pineapple	菠蘿雞蝦炒飯	\$10.95
C6	Malaysian Style Shrimp, Chicken & Pork Fried Rice	馬來炒飯	\$10.95
C7			

黑色特別炒飯

70

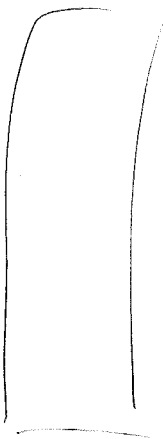
Curry

- R1
- R2
- R3
- R4
- R5

咖喱

- Curry Katsu-Don (Japanese Curry Pork Chop)
- Thai Red Curry Beef Brisket
- Thai (Red/Green) Curry Shrimp with Vermicelli
- Thai (Red/Green) Curry Squid
- Thai (Red/Green) Curry (Beef/Chicken)

- 日式咖喱猪扒饭 \$8.95
- 泰式红咖喱牛腩饭 \$9.95
- 泰式(红或绿)咖喱粉丝蝦煲 \$11.95
- 泰式(红或绿)咖喱鱿鱼 \$10.95
- 泰式(红或绿)咖喱(雞 / 牛) \$9.95



Nam's Vietnamese Sandwiches

SW1	Pork Chop Sandwich	越式烤豬扒包	\$5.50
SW2	Chicken Sandwich	越式烤雞包	\$5.50
SW3	Beef Sandwich	越式牛肉包	\$5.95
SW4	Fish Sandwich	越式魚粽包	\$6.50
SW5	Shrimp Sandwich	越式蝦粽包	\$6.95
	Classic Vietnamese Sandwich with Vietnamese Ham and Roasted Ground Pork		
SW6		越式經典肉粽包	\$6.00
SW7	Beef Short Ribs Sandwich	牛仔骨三明治	\$6.25

*Add a small beef pho noodle for \$3.95

Beef	牛肉類		
BF1	Stir Fried Onions with Beef	蔥爆牛肉	\$11.95
BF2	Mongolian Beef	蒙古牛肉	\$11.95
BF3	Kung Pao Beef	宮保牛肉	\$11.95
BF4	Sesame Beef	芝麻牛肉	\$11.95
BF5	Orange Beef	陳皮牛肉	\$11.95
BF6	Beef and Vegetable (Choice of Broccoli, Peapod or Bokchoy)	蔬菜 (西蘭花、雪豆或白菜) 牛肉	\$11.95

素食類

Vegetarian

Level of Spiciness: Mild, Medium or Hot

V1	Vegetarian Egg Rolls (2 pieces)	炸素春卷	\$3.95
V2	Vegetarian Spring Rolls (2 pieces)	越式素春卷	\$3.95
V3	Vegetarian Pot Stickers (6 pieces)	素鍋貼	\$5.25
V4	Vegetarian Tofu and Vegetable Combination with Rice/Vermicelli	豆腐蔬菜雜燴	\$7.95
V5	Rice Stick Noodle Tofu Vegetable Sautee	豆腐炒河粉	\$9.25
V6	Vegetarian Fried Rice	素炒飯	\$7.50
V7	Vegetarian Singaporean Curry Stirred Vermicelli	星洲素炒米粉	\$9.95
V8	Vegetarian Lo Mein	素撈麵	\$7.50
V9	Mapo Tofu (spicy)	素麻婆豆腐飯	\$8.95
V10	General Tso's Tofu	左宗榮豆腐	\$9.95
V11	Thai Basil Chili Mixed Vegetable	泰式香炒時菜	\$11.95
V12	Chinese Broccoli (Garlic or Oyster Sauce)	芥藍(蒜蓉/蠔油)	\$11.95
V13	Pan Fried String Beans	清炒四季豆	\$11.95
V14	Japanese Tofu with Two Mushrooms	雙菇玉子豆腐	\$12.95

South Asian Style
Dinner Special

晚餐特別推薦
Comes with a bowl of steamed rice

K1	Salt and Pepper Shrimps (with heads attached)	椒鹽有頭蝦	\$11.95
K2	Spicy Salt and Pepper Squid	椒鹽鮮魷	\$11.95
K3	Mapo Tofu with Pork	麻婆豆腐	\$11.95
K4	Shrimps with (Pork/Beef) in Fish Sauce	魚露 (豬 / 牛) 蝦	\$11.95
K5	Malaysian String Bean with Pork Belly	馬來五花腩四季豆	\$11.95
K6	Korean BBQ Short Beef Ribs	韓燒牛仔骨	\$13.95

Rice Platter 飯類

*Served with Pan Fried Egg Over Rice

* Rp1	Stir-fried Basil with (Chicken or Pork)	香葉肉碎 / 雞碎煎蛋飯	\$8.95
* Rp2	Lemon Grass with (Chicken/Pork Chop)	香茅豬扒 / 雞扒煎蛋飯	\$8.25
Rp3	Lemon Grass Chicken, Pork Chop and Shrimps	香茅三色豬扒飯	\$9.25
* Rp4	Stir-fried Shrimps and (Pork/Beef) with Fish Sauce	魚露牛 / 豬蝦飯	\$9.25
Rp5	Slightly Scrambled Egg with Beef	滑蛋牛肉飯	\$8.50
* Rp6	Salt and Pepper Pork Chop with Squid	椒鹽魷魚煎蛋豬扒飯	\$9.25
Rp7	Spicy Korean with (Chicken/Pork)	韓辣豬 / 雞飯	\$9.25
Rp8	Mango Chicken	芒果雞煎蛋飯	\$9.25
Rp9	Japanese Beef Baked Rice	日式牛肉燉飯 ✓	\$10.95
* Rp10	Korean Sauce Stir-Fried with Kimchi and Beef	韓辣泡菜牛肉飯 ✓	\$10.95

Vietnamese Phở Noodles 越式牛肉河粉

N01	Sliced Beef Phở	生牛肉湯河	\$7.95
N02	Sliced Beef and Brisket Phở	生牛肉牛腩湯河	\$7.95
N03	Sliced Beef and Meatball Phở	生牛肉牛筋丸湯河	\$7.95
N04	Brisket Phở	牛腩湯河	\$7.95
N05	Meat Ball Phở	牛筋丸湯河	\$7.95
N06	Brisket and Meat Ball Phở	牛腩牛筋丸湯河	\$7.95
N07	Sliced Beef and Tripe Phở	生牛肉牛肚湯河	\$7.95
N08	Brisket and Tendon Phở	牛腩牛筋湯河	\$7.95
N09	Brisket, Tendon, Tripe and Sliced Beef Phở	牛腩牛筋牛肚生牛肉湯河	\$7.95
N10	Chicken Phở	鮮雞湯河	\$7.95

Extra Meet: \$2.00

Extra Noodles: \$1.50

Extra Egg: \$1.50

Extra Meat Balls \$2.00

Extra Tendon \$2.00

Extra Tripe \$2.00

Specialty Noodle
Soup

特色湯麵

NS1	Seafood with Mixed Noodles (Egg Noodles & Vermicelli)	海鮮米粉鴛鴦湯粉麵	\$8.95
NS2	Shredded Chicken Soup with Noodles	鮮雞絲湯麵	\$8.25
NS3	Spicy Beef Shank Noodle Soup	順化牛肉辣湯瀨粉	\$8.95
NS4	Korean Spicy Seafood Noodle Soup	韓式辣海鮮湯瀨粉	\$10.95
NS5	Korean Spicy Beef Noodle Soup	韓式辣肥牛湯瀨粉	\$8.95
NS6	Vietnamese Mixed Shredded Meat Noodle Soup	越式三絲湯米粉	\$8.95
NS7	Vietnamese Jumbo Beef Noodle Soup	海陸空牛肉河粉	\$12.95
NS8	Noodle Soup with Vietnamese Pork Roll, Shrimps, Tomato & Crab Paste	扎肉鮮蝦蕃茄蟹湯瀨粉	\$9.95
NS9	Beef Brisket Noodle Soup	牛腩湯麵	\$9.25
NS10	Beef Noodle Soup with Mushrooms	肥牛冬菇瀨粉	\$8.25
NS11	Dragon's Noodle Soup	Dragon's 雜燴湯麵	\$9.50

Choice of Noodle: Egg Noodle, Vermicelli & LaiFen (Rice-flour Noodle)

Fried Noodles 炒粉麵

Level of spiciness: mild, medium or hot

FN1	Stir-fried Rice Stick Noodle with Beef	乾炒牛河	\$10.50
FN2	Singaporean Fried Rice Vermicelli	星洲炒米粉	\$10.50
FN3	Rice Stick Noodle Sauté with Chicken, Beef or Seafood	Dragon's 炒河粉	\$9.95
FN4	Stir-Fried Korean Glass Noodles with Shrimps or Beef	韓式水晶炒麵	\$9.95
		泰式雞肉炒河粉 (牛	
		肉 + \$ 1.50, 蝦仁 +	
FN5	Pad Thai with Chicken (Beef +\$1.50, Shrimps +\$2.00)	\$ 2)	\$10.50
FN6	Stir-Fried Rice Stick Noodle with XO Sauce and Beef	XO醬牛肉炒河粉	\$10.50
FN7	Vietnamese Fried Vermicelli with shrimp	越式蝦炒米粉	\$11.50

頭盤

Appetizers

A1	Vietnamese Egg Rolls (2 pieces)	越式炸春卷	\$3.95
A2	Vietnamese Spring Rolls (2 pieces)	越式手卷	\$3.95
A3	Mr. Rice Ball (choice of stuffed Ham, Pork Flakes or Veggie)	飯團先生	\$3.50
A4	Salted and Peppered Soft Shell Crab	椒鹽軟殼蟹	\$9.50
A5	Pot Stickers (6 pieces)	鍋貼	\$5.25
A6	Crab Rangoons (8 pieces)	香炸蟹角	\$5.95
A7	Thai Stuffed Angel Wings (2 pieces)	泰式天使之翼	\$5.50
A8	Lemon Grass Chicken Wings (6 pieces)	香茅雞翼	\$5.95
A9	Korean Spicy Rice Cake	韓式炒年糕	\$8.95
A10	Kimchi (Korean Spicy Cabbage)	韓辣泡菜	\$3.95
A11	Kimchi Spring Rolls (2 pieces)	泡菜手卷	\$4.25
A12	Thai Lettuce Wrap with Chicken/Pork	泰式生菜包雞肉 / 豬肉	\$10.95
A13	Thai Fried Calamari	泰式香炸魷魚	\$6.25
A14	Japanese Seaweed Salad	日式海藻沙律	\$5.95
A15	Tea Cup Steamed Egg	日式茶杯蒸蛋	\$3.95
A16	Korean Spicy Tofu and Mushroom Soup with (Beef or Seafood)	韓式辣豆腐牛或海鮮湯	\$10.95
A17	Green Papaya Salad	青木瓜沙律	\$5.95
A18	Grilled Octopus	燒墨魚	\$9.95

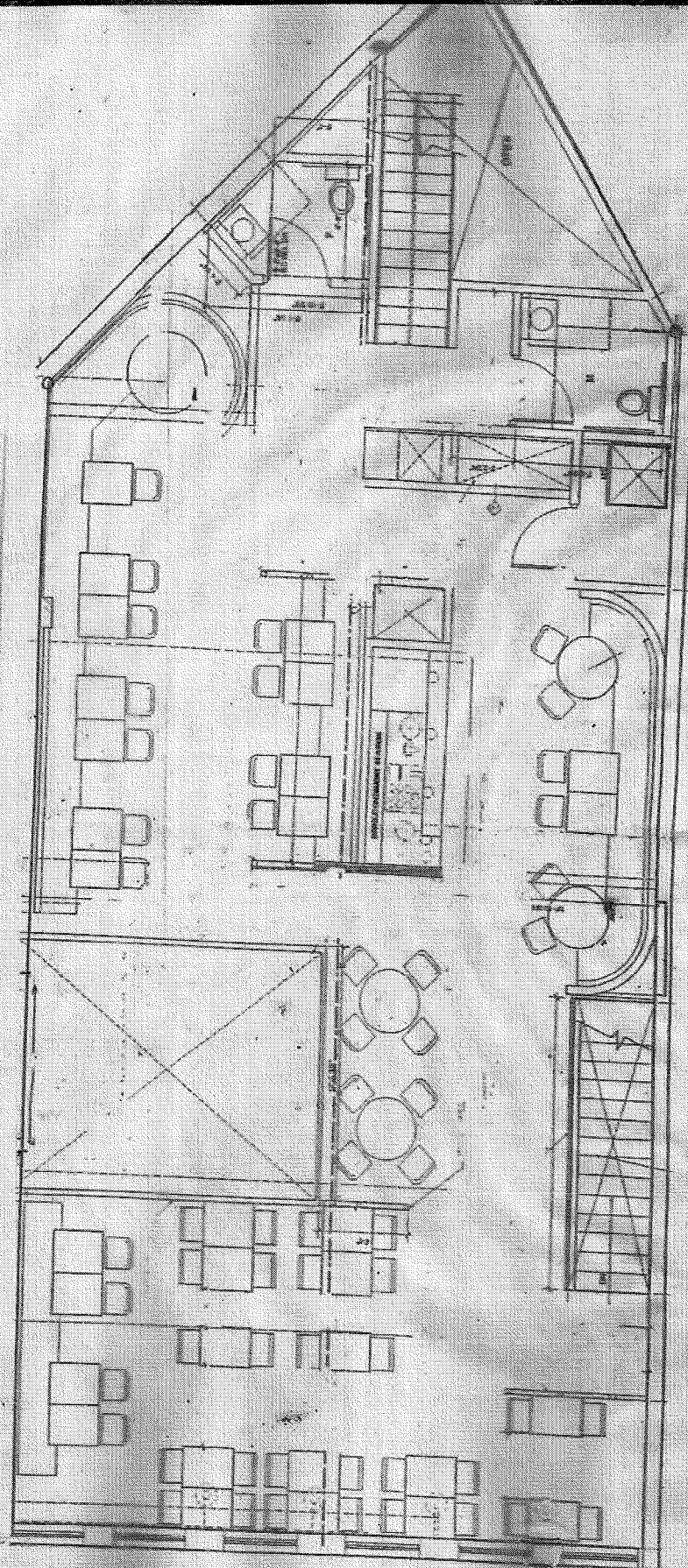
D33	Hong Kong Style Milk Tea (Hot)	熱港式奶茶	\$3.50
D34	Thai Iced Tea	泰式冰茶	\$3.50
D35	Thai Iced Tea with Herb Jelly	仙草泰式冰茶	\$3.95
D36	Vietnamese Iced/Hot Coffee	越南咖啡	\$3.50
D37	Vietnamese Iced/Hot Coffee with Herb Jelly	仙草越南咖啡	\$3.95
D38	Chocolate Milk Slush	風味巧克力凍奶	\$3.75
D39	Bonsai Milk Tea	盆栽奶茶	\$3.95
D40	Bonsai Coffee	盆栽咖啡	\$3.95
D41	Hot Green Tea Latte	熱綠茶拿鐵	\$3.50
D42	Hot Honey Lemon Tea	熱蜂蜜檸檬茶	\$3.50
D43	Hot Green Tea	熱綠茶	\$1.50

Soda

D44	Pepsi		\$1.50
D45	Sierra Mist		\$1.50
D46	Diet Pepsi		\$1.50
D47	Iced Tea (unsweetened)		\$1.50
D48	Mountain Dew		\$1.50

Southern Asian Delights






D49	Fresh Coconut	新鮮椰青	\$5.50
D50	Fresh Soy Milk	新鮮豆漿	\$1.50

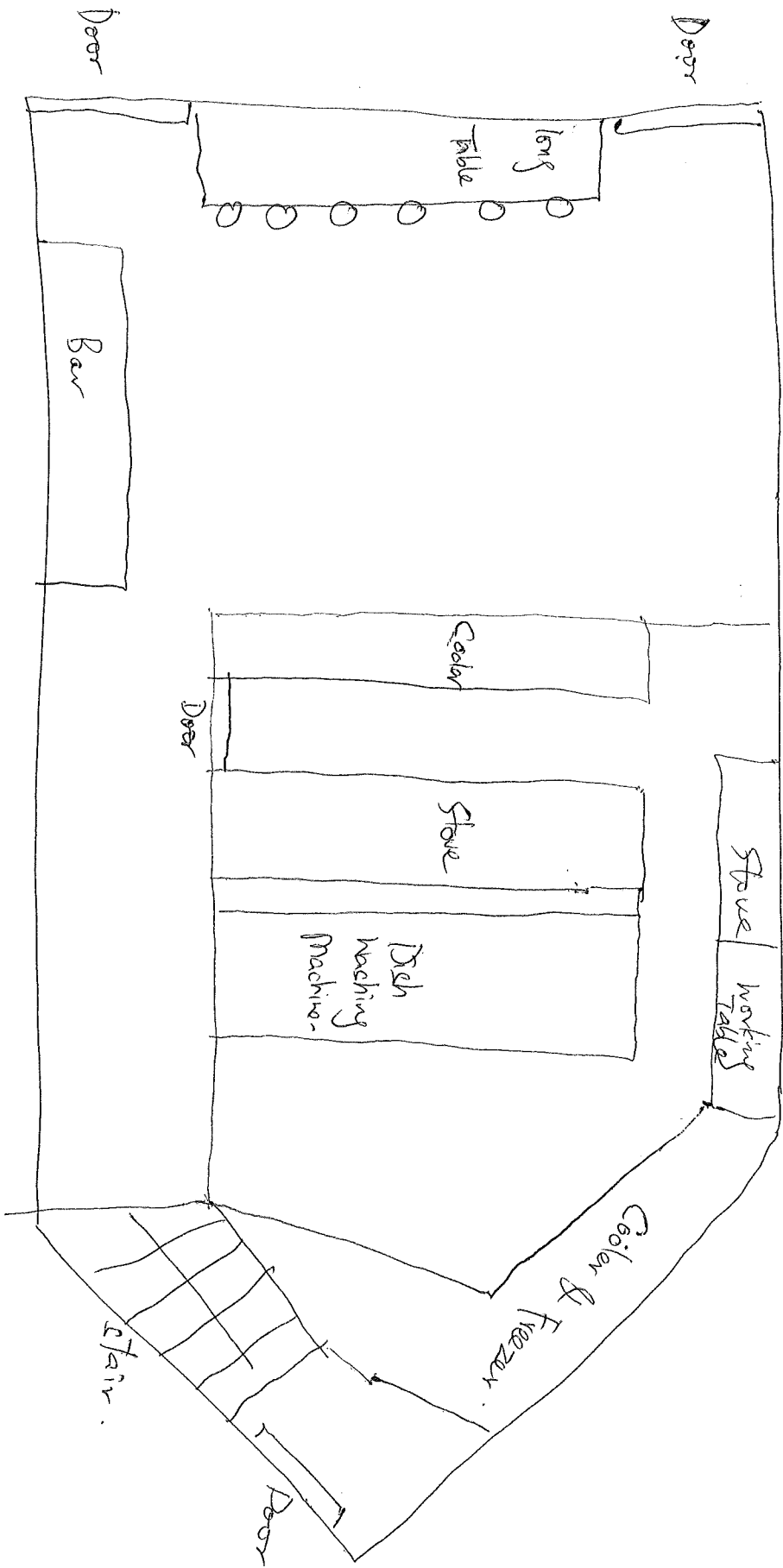


SECOND FLOOR

Emergency Evacuation Plan

1. Manager on Duty is responsible for Evacuation
2. When a Fire is noticed or the fire alarms sound, evacuate the building
This is done using the primary route. Use the secondary only if the primary route is blocked
 - A. Activate the fire alarm
 - B. Call 911
3. Manager on duty will notify occupants of fire by voice, Manager indicates location of exits
4. After all occupants have left the building, Manager will insure that everybody has left the building
5. All customers and employees will meet across the street on side walk

 Pull Extinguisher for hood system
 Exit with emergency light
 Fire Extinguisher
 Primary Exit Route
 Secondary Exit Route



main floor