For the Bloense penior beginning	_	RIGINAL ALCOHOL BEVERAGE LICE	ENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456- Federal Employer Identification	
TO THE GOVERNING BODY of the:   visings of   Mad Lson		• •	^	Number (FEIN): 26-2	
TO THE GOVERNING BODY of the:   Village of   Mad Lson	Fo	the license period beginning	20_ <b>004</b> ;		ESTED >
TO THE GOVERNING BODY of the:   Village of   Madison   Governor		ending	20   0		· · · · · · · · · · · · · · · · · · ·
The Land   Aldermanic Dist. No   (if required by ordinance)   Class A Resort   S   Class A					
Aldermanic Dist. No. (if required by ordinance)    Class & Alleur   S	TC		Madison		
County ofDane		🔀 City of			
The named   MOIVIDUAL   PARTRERSHP   Set IMITED HABILITY COMPANY   Reverse Class B Buyor   Set   Publication for the activate beverage licenses(s) checked above   Publication for the publication for the activate beverage licenses(s) checked above   Publication for the activate beverage licenses (s) checked above   Publication for the activate beverage licenses (s) checked above   Publication for the activate beverage and the activate	Co	intu of Name Aldermanic Dist	No (if required by ording		
1. The named   DIVIDIAL   PARTICIPANIP   DATE   DAT	ÇÜ	Dity of Date Adematic place	(ii required by ordina	1106/	<del></del>
Name (main/duellpartners give last name, first, middle; corporations/limited flability companies give registered name):   Mane (main/duellpartners give last name, first, middle; corporations/limited flability companies give registered name):   Mane (main/duellpartners give last name, first, middle; corporations/limited flability company. List the name, first, middle; corporations/limited flability company. List the name, first, and place of residence of each porson.  Presiden/Member	1.	The named ☐ INDIVIDUAL ☐ PARTNERSHIP	₹ LIMITED LIABILITY COMPAN		
Name (trulyidus/partners) give last barne, first, midder, exportations/limited fibility companies give registered name):  An "Auxiliary Questionnaire". Form AT-10s, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by such officer, director and agent of a properation or nonprofit organization, and by each member of a partnership, and by such effect, and place of residence of each preson.  Persidentification is the entire of the each preson individual applicant, by each member of a partnership, and by such effects of residence of each preson.  Persidentification is the entire of the each preson.  Persidentification is the entire of the each preson.  Persidentification is the entire of the entire of the each preson.  Persidentification is the entire of		· · · · · · · · · · · · · · · · · · ·	* *		
2. Name (inclividue/lipartners give last name, first, middle; corporations/limited liability companies give registered names): HM  An "Audility Questionnaire," Form AT-102, must be compeled and attached to this applicants only seach individual applicants by each member of a partnership, and by seach first, direct decided and agent of a compration or nenprofit organization, and by seach member of a partnership and by seach member of the partnership and search of the partnership and the		_		TOTAL FEE	\$
An "Auxidiary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partner-ship, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a imitted liability company. List the name, title, and place of residence of each proson  Title President/Member  Treasurer/Member  Treasurer/Member  Treasurer/Member  Treasurer/Member  Treasurer/Member  Agent Socretary/Member  Treasurer/Member  Treasu	2	Name (individual/partners give last name, first, middle; corpora	tions/limited liability companies give	e registered name): ► -M	110
partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a firmited liability company. List the name, title, and place of residence of each proson.  Presiden/Member  Frestiden/Member  Treasures/Member		,		, ,	
President/Member   Digner   President/Member   Digner   President/Member   Digner   President/Member   Digner   President/Member   Scortasry/Member   Scortasry/Member   Scortasry/Member   President/Member   Scortasry/Member   President/Member   President/Mem		An "Auxiliary Questionnaire," Form AT-103, must be comp	leted and attached to this applica	tion by each individual applicant,	by each member of a
President/Member   Differ   Soft   So		partnership, and by each officer, director and agent of a co	rporation or nonprofit organizatio	n, and by each member/manager	and agent of a limited
Vice President/Nember  Secretary/Member  Treasure/Member  Agent   Source				lama Addresa	10ff 8 7in Co.d.
Vice President/Nember  Secretary/Member  Treasure/Member  Agent   Source		President/Member DWNe.Y	lick Lee.	5507 (4 veon los 5)	. 537/3
Secretary/Member Agent   Secretary/Member Agen		Vice President/Member	pan 100.		
Directors/Managers  Jean ILL  Jorde Name   School   State   St					
Directors/Managers  1 Trade Name   Business Phone Number   255 - 2310    4 Address of Premises   5246   W.					· · · · · · · · · · · · · · · · · · ·
Directors/Managers  1 Trade Name   Business Phone Number   255 - 2310    4 Address of Premises   5246   W.		Agent \ Sean Lee	5	507 Green leat DV.	<u>53713</u>
Address of Premises \$ 546 W Washing ton Ave 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 icense period?  6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?		Directors/Managers			
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8 (a) Corporate/Minited 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; (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company; (d) Does the corporation, or any officer, director, stockholder or agent or limited liability company; (e) Does the corporation, or any officer, director, stockholder or agent or limited liability company; (ii) agent hold any interest in any other alcohol beverage icense or permit in Wisconsin? (iii) 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)  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 licensey year?  12 Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)  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]  14 Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  15 All Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  16 All Is the applicant must be 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/manager of Limited Liability Company /Partner/Individual)  17 All Is t	6.	is the applicant an employe or agent of, or acting on behalf of a	inyone except the named applicant?	•	🔀 Yes 🗌 No
(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 beverages elicense or permit in Wisconsin?   Yes   No   (WOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above)  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including limiting quarters, if used, for the sales, seypice, and/for storage of actions 5, 6, 7 and 8 above)  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including limiting quarters, if used, for the sales, seypice, and/for storage of actions place and records. (Alcohol beverages and records., (Alcohol beverages and records.) (Alcohol	7.				
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(b) If yes, under what name was license issued? Flefty: Flefth ("It South Company ("It So	11	(a) Was this premises licensed for the sale of liquor or beer du	ring the past license year?(i).		1 Yes □ No
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SUBSCRIBED AND SWORN TO BEFORE ME this 21 day of 4 company 1/2 day of 6	(Indiv	dual applicants and each member of a partnership applicant must sign; ortion of a licensed premises during inspection will be deemed a refusal	corporate officer(s), members/managers to permit inspection. Such refusal is a r	of Limited Liability Companies must sig	n ) Any lack of access to
this day of April , 20 0 7    Control   Contro			to permit inspection. Such reliadi is a la	inspendential and grounds for revocation	TOT BITS ACEITSE
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  My commission expires 5 6 20 1 2  (Additional Partner(s)/Member/Manager of Limited Liability Company /Partner)  (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  Date received and filed July 9 Date reported to council/board with municipal clerk  Date license granted Date license issued License number issued	SUB	- · · · · · · · · · · · · · · · · · · ·	09	2/2-5/	grade with the terms.
Commission expires   Company   Position	unis _	gay or April , 20		n/Member/Manager of Limited Liability Com	pany /Partner/Individual)
My commission expires 5/6/2012 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and filed, with municipal clerk  Date license granted  Date license issued  Date license issued  License number issued		Mendy & Bacton			
TO BE COMPLETED BY CLERK  Date received and filed, with municipal clerk  Date license granted  Date license issued  Date license issued  Date license issued  Date license issued  Company if Any)  Date reported to council/board  Date provisional license issued  Signature of Clerk / Deputy Clerk  License number issued	Merce	/ /	(Officer of Corporation	n/Member/Manager of Limited Liability Comp	pany /Partner)
TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  Date license granted  Date license issued  Date license issued  Date license issued  Signature of Clerk / Deputy Clerk  License number issued	iviy CC	HILLIESTONES O 101 CE 12	(Additional Partner(s)	/Member/Manager of Limited Liability Comp	any if Arry)
Date received and filed 4/34/69   Date reported to council/board with municipal cterk    Date license granted   Date license issued   Date provisional license issued   Signature of Clerk / Deputy Clerk    License number issued   Date license	TOP	COMPLETED BY CLEDY	,(-)		
Date license granted   Date license issued   License number issued   License			Date provisional license issued	Signature of Clerk / Deputy Clerk	<del></del> -
	with m	unicipal clerk 4/34/07	`	→ F - A	
AT-108 (R. 1-05) Wisconsin Department of Revenue	Date li	ense granted ' Date license issued	License number issued		
	AT-108	(R. 1-05)		Wisconsî	1 Department of Revenue

## City of Madison Supplemental Class B License Application

	Seller's Permit Number Federal Employer Identification Number Notarized Original Application Form Notarized Supplemental Form	Description of Licensed Premise  *Notarized Appointment of Agent  Background Investigation Form(s)  Notarized Transfer of Ownership  *Articles of Incorporation	☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ Business Plan * Corporation/LLC only
1. 2. 3. 5.	Name of Applicant/Partner/Corporation Address of Licensed Premise 5246 Telephone Number: 608 333 Mailing address if not opening immediately you contacted the Alderperson, F	on/LLC HML LLC  W. Washington Ave.  1992 4 Anticipated opening date:	5 ( 09 5 Maison, WI. 537) of Policy Coordinator, and ocate? Yes \( \square\$ No
7.	Are there any special conditions desire	d by the neighborhood?   Yes Mo	
	Explain.		
8.	<del>-</del>	of operation: Cofe, 7am – 12	am
9	Do you plan to have live entertainment	t? □No ☑ Yes—What kind? Band	(Rock N Roll)
10	size and all areas where alcohol bever below shall not be expanded or chan	ng, including overall dimensions, seating an ages are to be sold and stored. The license aged without the approval of the Comme	ed premise described on Council
	One level building with Counter, the Capacity is	2 diming Rooms, alcohol	Serve at Food
	Are any living quarters directly or ind	irectly accessible and under control of the	applicant? □ Yes ⊠ No

15	Stidents office worker.
16.	What age range would you hope to attract to your establishment? 18 yrs. old 65 yrs old.
17.	Describe how you plan to advertise/promote your business. What products will you be advertising?
	We plan to Advertise on Newspaper and online, for our coffee and food
	Are you operating under a lease or franchise agreement? Yes (attach a copy) No
	Owner of building where establishment is located: David and Debra Keller  1110 (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Ado	ress of Owner: 448 W. Washington Ave Phone Number 608 2276543
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  Nick Lee 5507 Greenleaf DV
	Name Address Propin Part DV
	Name Address
	Name Address
22	
22.	List the Stockholders of your Corporation/LLC
22.	List the Stockholders of your Corporation/LLC
22.	List the Stockholders of your Corporation/LLC  None % of Ownership
22.	List the Stockholders of your Corporation/LLC  None  Address  % of Ownership % of Ownership
	List the Stockholders of your Corporation/LLC  Name Address
23	List the Stockholders of your Corporation/LLC  Name Address  Address  Manne Address  Address  Mof Ownership  Name Address  What type of establishment are you? (Check all that apply)  Other Please Explain
23	List the Stockholders of your Corporation/LLC  Name Address  Address  Manne Address  Address  Mof Ownership  Name Address  What type of establishment are you? (Check all that apply)  Other Please Explain
23	List the Stockholders of your Corporation/LLC  Name Address Address  Name Address  Name Address  What type of establishment are you? (Check all that apply)  Figure 1  Name Name Name Name Name Name Name Name
23	List the Stockholders of your Corporation/LLC  Name  Address  **Of Ownership  Name  Address  **Of Ownership  What type of establishment are you? (Check all that apply)  Other Please Explain  What type of food will you be serving, if any?
23	List the Stockholders of your Corporation/LLC  Nohe Name Address  Address  Wof Ownership  Name Address  What type of establishment are you? (Check all that apply)  Other Please Explain  What type of food will you be serving, if any?  Other Stockholders   Coffee SMoothes, Sandwickes, Soup  Breakfast Lunch Dinner
23	List the Stockholders of your Corporation/LLC  Note Name Address Address  Name Address  Name Address  Name Address  Note Name Nightclub Restaurant  Other Please Explain  What type of food will you be serving, if any?  Other Please Explain  Dinner  Breakfast  Lunch  Dinner  Please submit a sample menu with your application, if possible. What might eventually be included on your

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
30	Will you have a kitchen support staff? Yes No
31	How many wait staff do you anticipate will be employed at your establishment?
	During what hours do you anticipate they will be on duty?
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?
	How many bartenders do you anticipate you would have working at one time on a busy night?
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)
JJ.	If yes, what will be the seating capacity for that area?
	If yes, what will be the seating capacity for that area:
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?
20	If your business plan includes an advertising hydret what percentage of your advertising hydret de
JJ.	If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? $70^{\circ}/o$
	What percentage of your advertising budget do you anticipate will be drink related?
10.	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
11	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?			
	Pursuant to Chapter 23 of the Madison General Ordinances, all restaur beverages shall substantiate their gross receipts for food and alcohol b percentage. For new establishments, the percentage will be an estimat	everage sales broken down by		
	Gross Receipts from Alcoholic Beverages	20 %		
į	Gross Receipts from Food and Non-Alcoholic Beverages	&v %		
	Gross Receipts from Other	%		
	Total Gross Receipts	100%		
44. Do you have written records to document the percentages shown? Yes 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 218 day of April, 2009  (Officer of Corporation/Member of LLC/Partner/Individual)  My commission expires 5/6/2012				

# Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member	r of LLC
CC /wamh	or for HMI LLC
I, Nick Lee , officer/memory (Corporation/LLC), doing business as Electric Education (Corporation/LLC)	wth Cate authorize and appoint
(Name) as	me udaougoer agent
located at 546 W. Washington Ave, Nad	son, WI.
Subscribed and sworn to before me this  Sig	nature of Officer/Member
Day of April , 20 09	
Notary Public, Dane County, Wisconsin  My Commission Expires 6-7-09	
To be completed by appointed Liquor/Beer Ag	ent
1 Com Lee	appointed liquor/beer agent for
	orporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and ex	ecuted written delegation, full authority
and control of the premise described in the license of	uch corporation or limited liability
company, and I am involved in the actual conduct of t	he 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
Subscribed and sworn to before me this  Day of April , 2009  Notary Public, Dane County, Wisconsin  My Commission Expires 67-09	Gignature of Agent

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

#### **COLD** SANDWICHES

aora numanira	
Hummus Hummus tomato sprouts redignions cucumbers and lettuce	\$5.50
Veg Head	
Swiss and provolone cheese green peppers cucumbers red onions black plives lettuce, tomato and your choice of dressing	\$5.50
Chix Salad	\$6 25
Our homemade Chicken salad lettuce tomato and red onions (Contains outs)	\$0 Z3
California Delight	
Turkey cheddar avocado red onions sun-dried tomatoes banana peppers and cucumbers	\$6.25
Tasty Tuna	
Our homemade Albacore tuna salad served with lettuce & tomato in a honey mustard acli	\$6 25
San Francisco BLT	
Bacon romaine lettuce tomato fresh avocado cheddar and red onions	\$6.75
Feta Turkey	
Turkey, feta cheese shredded carrots sprouts tomato and *feta-garlic dressing.	\$6.25
Garden Pesto	
Basil pesto-fresh mozzarella-sun-dried tomatoes-romaine lettuce	<b>\$</b> 6 25
and fresh tomatoes. Add turkey for \$1.00	#U Z U
Basic Turkey	#F.OF
Turkey, cheddar lettuce tomato, mayo and brown mustard	\$5.95
Ham & Havarti	
8	\$5.95
Ham haverti tometo, sprouts and scallion cream cheese  Roast Beef & Provolone	
	\$6.25
Reast beef provolone tomato spring mix and honey mustard vinaigrette	
BLT Supreme	\$6.25
Turkey, bacon, lettuce, tomato and mayo.	

### **HOT** SANDWICHES

Veggie Supreme	\$6.00
Tomato sun-dried tomatoes green peppers olives banana peppers artichokes and provolone cheese all hot and melty	φυ.σο
Hot Turkey	\$6 25
Turkey, melted swiss red anions green pepper sun-dried tomato and black olives.	
Philly Combo  Hot roast beef provolone green peppers, red onions, tomato and cream cheese.	\$6 25
Tofu You	₩O 75
Baked tofu artichoke heart, red onions black olives smothered in tomato garlic	\$6.75
sauce served with lettuce & tomato.	
Cheese Please	\$5.75
Swiss 8 chedder cheeses, tomato: sun-dried tomatoes red onions and honey mustard Cup of Soup, 1/2 Sandwich or Side Salad or Pasta Salad	#P 7F
Choose two.	\$6 25

Bread Choices Sourdough white, multi-grain wheat or light rye.

**Dressing Choices** Mayo, herb vinaigrette, brown mustard, \*honey mustard vinaigrette, \*feta-garlic, tomato garlic, \*low-fat creamy herb, \*raspberry vinaigrette.

\*Hamemade

#### **BREAKFAST** ITEMS

Toast, Butter & Jam	\$2.00
Organic Granola-N-Yogurt	\$3.50
Fresh Bagels & Cream Cheese	<b></b>
Homemade sun-dried tomato scallion or plain	\$1.50
Bacon Egg & Cheese Bagel	
Bacon, egg and cheddar	\$4.25
Ham Egg & Cheese Bagel	<b>#</b> / DE
Ham egg and swiss	\$4.25
Garden Egg	\$4 25
Spinach, tomato egg and swiss.	#4 Zu
Egg & Cheese	\$3.25
Swiss cheddar and egg	Φυ.∠ብ
Southwest Egg Egg_green peppers, red anions and chedder.	\$4.25
Turkey Bagel	ψ4. Zu
Turkey tomato swiss and your choice of cream cheese	\$410
Ham Bagel	7
Ham cheddar and your choice of cream cheese	\$3 95
Veggie Bagel	<b>ሰ</b> ባ ማር
Tomato cucumber and your choice of cream cheese	\$3 75
Chix or Tuna Salad Bagel	<b>#</b> / DF
Served with lettuce and tomato	\$4.25
Oatmeal	₩ CO
Organic cinnamon-raisen oatmeal.	\$2.50

### **SOUP** AND SALAD

Electric Salad		
Spring lettuce mix tomato, cucumber, green pepper	\$4.00	\$5.00
black olive red onion shredded carrots sprouts and croutons		· · · · · · · · · · · · · · · · · · ·
Greek Pasta Salad		
Artichoke hearts feta cheese sun-dried tomatoes with black olive penne	\$3.75	\$4.75
pasta <sup>2</sup> and an herbed olive oil.		
Fresh Mozzarella Salad	\$4.50	\$5.50
Spinach fresh mozzarella tomato redionions and sun-dried tomatoes		
Add a Scoop of Tuna or Chix Salad	\$31	00
Homemade Soup	\$3.50(cup)	\$4.50(Bowl)

Let the Earth nourish your soul.

We Created Electric Earth so that people from all walks of life could experience a taste of the finer things our Earth has to offer. A pleasant atmosphere a great cup of coffee and a delicious, wholesome fare. Our goal is to create and sustain a place where peaceful enjoyment and youthful enthusiasm fulfill the moment, while promoting the honest hardworking people who make



CAFFEINE POTIONS	small	medium	large
Gourmet Coffee	\$1.50	\$1.80	\$2.10
Latte	\$2.75	\$3.00	\$3.25
Cappuccino	\$2.75	\$3.00	\$3.25
Mocha	\$3.50	\$3.75	\$4.00
Chai	\$3.00	\$3.25	\$3.50
Americano	\$2.00	\$2.25	\$2.50
Espresso	\$1.50	\$1.75	\$2.00
Au Lait	\$2.00	\$2.25	\$2.50
Miel	\$3.25	\$3.50	\$3.75
Maté Latté	\$2.75	\$3.00	\$3.25

Iced Drinks Add \$.25, Soy Add \$.50, Syrup Add \$.50, Extra Shot Espresso Add \$.50

EARTHY DRINKS	small	medium	large
Hot Cocoa	\$2.50	\$2.75	\$3.00
Hot Tea	\$1.50	\$1.75	\$2.00
Hot Apple Cider	\$2.50	\$2.75	\$3.00
Steamer	\$2.50	\$2.75	\$3.00
Italian Soda	\$2.25	\$2.50	\$3.00
Iced Tea (Berry Black Green)	\$1.75	\$2 00	\$2.25
Berry Patch Lemonade	\$2.25	\$2.50	\$2.75

## **SWEET** THINGS

Muffins & Scones	\$1.85
Cookies & Vegan Cookies	\$1.35
Brownies and Bars	\$1.60
Pound Cake Chacalete leman and other flavors	\$2.25
Coffee Cake	\$2.25
Vegan Muffins	\$2.00
Vegan Cupcakes	\$2.25
Cake & Cheesecake	\$3.50
Homemade Tiramisu	\$3.50

## FRUIT SMOOTHIES

All are 16oz.

Soul Power Bananas peaches organic apple juice honey and soy protien powder	\$4.25
Blueberry Hill Blueberries peaches bananas and milk with honey and cinnamon	\$4.50
Strawberry fields Strawberries bananas and milk with honey and cinnamon	\$4.25
Electric Berryland Blueberries strawberries raspberries organic apple juice and honey	\$4.25
Raspberry Beret Raspberries bananas yogurt milk and honey	\$4.25
Chocolate City Strawberries bananas and milk, blended with omanhene cocoa, honey and a shot of expresso	\$4.50
Harvest Moon Apples, raspberries, mango, and honey with organic apple juice	\$4.25
It Takes 2 to Mango Mangoes, strawberries, peaches with apple/orange juice & honey	\$4 25

All prison auticat to absent Toy and included



Let the Earth nourish your soul.

#### free Wifi

Call in orders are welcome.

Where: 546 W. Washington Ave., Madison, WI 53703 Phone Orders: 255.2310 Fax: 268.7093

#### Hours:

Mon-Thurs 7am-flpm Fri 7am-8pm Sat & Sun 8am-flpm

Visit our other location at: I N. Randall Ave.