



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Monday, February 23, 2026

COMMITTEE MEETING NOTICE

AD 13

SILVA LOPEZ, Roberto X, Agent  
RFX SILVA LOPEZ LLC  
7320 W SOUTHRIDGE DR #223  
GREENFIELD, WI 53220

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, March 10, 2026 at 02:00 PM**

The access code is <https://meet.goto.com/399099205>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Class B Tavern, Public Entertainment Premises and Food Dealer Licenses Application Requesting Instrumental Musicians, Karaoke and 4 Amusement Machines as agent for "SILVA LOPEZ LLC" for "THE BAD PIGGY PUERTO RICAN CUISINE AND COCKTAILS" at 4068 S HOWE

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with warrants or unpaid fines:** Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this notice, please contact the License Division at (414) 286-2238.**

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

## Castro, Samuel

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**From:** License  
**Sent:** Friday, January 2, 2026 1:06 PM  
**To:** Castro, Samuel  
**Subject:** FW: 4068 S. Howell Ave license Application

**Categories:** PREMISE OBJECTIONS

Please add objection

Marissa Milano  
*She/her/hers*  
License Coordinator  
City Clerk-License Division  
200 E Wells St #105  
[www.milwaukee.gov/license](http://www.milwaukee.gov/license)



[Take Our Survey!](#)

REDACTED  
BY

*GL*

**From:** .  
**Sent:** Thursday, January 1, 2026 2:00 PM  
**To:** License <LICENSE@milwaukee.gov>  
**Subject:** 4068 S. Howell Ave license Application

To whom it may concern,

My name is \_\_\_\_\_ and my home address is \_\_\_\_\_

I am writing to voice my absolute strong Objection to the license application for 4068 S. Howell ave. and here are my concerns and reasons.

I have lived in this neighborhood for the last 25 years and I have been a south side Milwaukee native my entire life. I take pride in this neighborhood and communicate with most of my neighbors and in doing so all that I have spoken to object to the idea of another bar moving into the building at 4068 S. Howell Ave. The parking area for that building is way too small to sustain a night time entertainment business. The parking lot only accommodates 7 vehicles, a night time entertainment business would need many more than 7 stalls to accommodate enough customers to sustain the business, which means the customers will leach out into the neighborhood looking for parking which makes it a major safety concern for kids and pets. It also makes parking a problem for the homeowners that need to utilize street parking in the neighborhood as well. For example, \_\_\_\_\_ needs to park a company vehicle on the street in front of his house till 9:00 p.m. to allow his family to access the driveway without blocking him in.

In the past there have been altercations in the neighborhood due to over consumption of alcohol as well which we would rather not deal with again. \_\_\_\_\_ and his family have suffered the brunt of these altercations due to living right next store to the address and I fully understand them not wanting more problems and I share their opinion. This brings me to the biggest concern and that is the owner of the property. The owner of that property has been trying to sneak sketchy businesses in those buildings for a few years now with disregard for our neighborhood. Jose Acevedo and I have had to confront the owner and his employees about Loud music and in doing so we found them to be very intoxicated and he was extremely disrespectful to the point the police had to be called to deal with him. This incident alone makes me question the relationship of Roberto Silva Lopez and the owner of Guava homes LLC. I believe alcohol mixed with music and the attitude of the current owner of the property who hangs out there with his "employees" in summer will be very toxic and detrimental to our neighborhood. This building will only house a day time small business such as a nail salon, coffee shop, office space for a business and things along that line, we do not need a

Party Bar at that location just to create problems and my stance will not change. we already have enough problems with the dollar store and thieves coming around the block to load up stolen merchandise and leaving the carts in the road and the "day care" at 100 w Waterford that is actually selling used cars out of the parking lot. So again please note my strong Objection to this License.

Thank you,

REDACTED  
BY

A handwritten signature in red ink, appearing to be the initials 'SU', enclosed within a red oval. A horizontal red line is drawn above the oval.

Date: 1-12-2026  
Officer: Michael Ward

City of Milwaukee Police Department  
90-5-1.5 Crime Prevention Survey  
Tavern Inspection

Name of Premise: BAD PIGGY  
Address: 4068 S HOWELL AVE  
Phone:

Owner: ROBERTO XAVIER SILVA LOPEZ  
Owner address: 7320 W SOUTHRIDGE DR  
City State Zip: GREENFIELD WI 53220  
Owner Phone: 414-779-9930  
Owner email: ROBERTPSILVALOPEZ@GMAIL.COM

Licensee/Agent: SAME  
Home Address:  
City State Zip:  
Phone:  
Email:

Preferred contact:

Location currently open:  YES  NO

Projected open date: LATE FEBRUARY/MARCH 2026

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 10AM-10PM 24 hours Y N  
Mon CLOSED  
Tue: 10AM-10PM  
Wed: 10AM-10PM  
Thu: 10AM-10PM  
Fri: 10AM-10PM  
Sat: 10AM-10PM

Premise Type: Tavern/Bar  
Restaurant  
Other:

Licenses currently held: NONE

- Alcohol:  Yes  No Class: #:
- Tobacco:  Yes  No #:
- Food:  Yes  No #:
- Extended Hours:  Yes  No #:
- Secondhand Dealer:  Yes  No Type: #:
- Other:  Yes  No Type: #:
- Other:  Yes  No Type: #:

**Exterior Survey:**

1. Is the area around the location clean?  Yes  No
2. What surrounds the location? (Check all the apply)
  - a.  Park
  - b.  School
  - c.  Youth Center
  - d.  Church
  - e.  Tavern(s) If so, how many
  - f.  Residential
  - g.  Other businesses
  - h.  Other:
3. Can you see from the outside of the location into the interior  Yes  No
4. Can you see the employees inside of the location from the outside  Yes  No
5. Are exterior windows free of signage  Yes  No
6. Is there a parking lot  Yes  No
7. Is the parking lot clean?  Yes  No
8. Off-Street parking  Yes  No
9. Is the parking lot well lit?  Yes  No
10. Valet Parking  Yes  No
  - a. Will this lot have a guard?  Yes  No
  - b. Will this lot have cameras?  Yes  No
11. Are there areas where a person could conceal themselves  Yes  No
12. Is there exterior lighting?  Yes  No. Does it appears to be adequate  Yes  No
13. Exterior Payphone?  Yes  No
14. Are there No Loitering Signs posted?  Yes  No
15. Are there exterior security cameras  Yes  No How Many: SEE NOTES
16. Are the address numbers prominently displayed and easy to see  Yes  No

**Camera Survey:**

17. Does this location have security cameras?  Yes  No SEE NOTES
18. Are they in working order?  Yes  No
19. What format are the cameras?
  - a. Color  Yes  No
  - b. Digital  Yes  No
  - c. Recorded  Yes  No
20. How long is footage stored for later viewing:
21. Are there exterior cameras  Yes  No How many:
22. Are there interior cameras  Yes  No How many:
23. Do all employees know how to retrieve recorded digital images/footage?  Yes  No

24. Cameras located in parking lot Yes No How many SEE NOTES

**Interior Survey:**

- 25. What is the planned capacity? UNDETERMINED AT THIS TIME
- 26. What is the minimum number of employees That will be on premise: 4
- 27. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
  - a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No
- 28. Is the interior of the location neat and clean? Yes No
- 29. Does an interior camera face the entrance/exit? Yes No SEE NOTES
- 30. Is there a lockable area that separates employees from customers? Yes No
- 31. Are emergency and non-emergency numbers posted near the phone? Yes No
- 32. Does the owner know how to contact their police district directly? Yes No
  - a. Did you provide a district contact guide to the owner? Yes No

**Security**

- 33. How many security personnel are going to be employed: NO SECURITY
- 34. How will they be deployed: Interior Exterior
- 35. What days will they be deployed MonTueWedThuFriSatSun
- 36. Will the security be managed by business or contracted
- 37. Will they be armed Yes No
- 38. What type of security measures to be used:
  - Wanding/metal detector
  - ID Scanner
  - Dress Code
  - Cover Charge
  - Age restriction
  - Other

**ADDITIONAL COMMENTS/RECOMMENDATIONS:**

These additional notes are written by Police Officer Michael WARD, District 6, Day shift.

The location is currently under renovation and have no cameras installed at this time. The owner is planning on adding approximately 10 cameras to the location, 4 exterior and 6 interior. A discussion regarding placement of cameras at the front entrance (interior) and register area was had. The location does have a small parking lot located in the rear. The owner is planning on one camera to cover the parking lot. All cameras will be digital, color and recorded. A recommendation of several days of storage was discussed. The owners will be the only one to have access to the camera system.

Lighting was not observed during the hours of darkness, but appears it does have enough lighting fixtures to be adequate during night time hours.

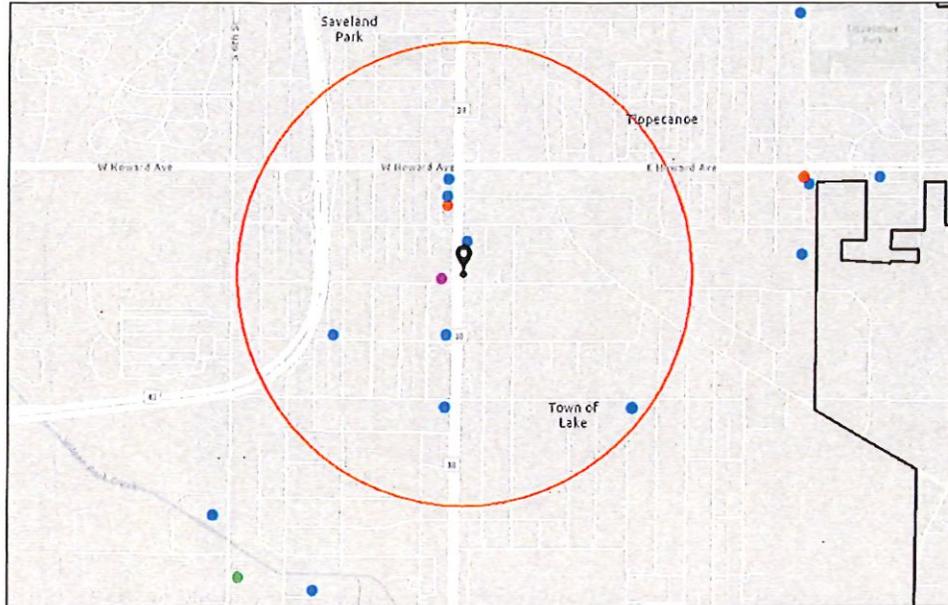
The Standing complaint form was discussed and will be reviewed by owner.

This concludes my additional notes.

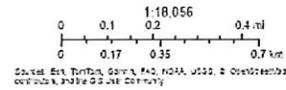
### Area of Interest (AOI) Information

Area : 21,862,585.72 ft<sup>2</sup>

Dec 22 2025 14:45:14 Central Standard Time



- Alcohol Licenses (active)
- Class A Intoxicating Liquor
- Class A Liquor and Malt
- Class B Fermented Malt Beverage
- Class B Tavern
- City Limits



## Summary

Name	Count	Area(ft <sup>2</sup> )	Length(mi)
Alcohol Licenses	10		

## Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	GATORS PUB	GATORS PUB	DENNIS D BRATEL, SP	601 E BOLIVAR AV	Class B Tavern License	49	1/19/2026, 6:00 PM	1
2	Wioletta's Polish Market, LLC	Wioletta's Polish Market	Adam N Bartoszek, Agt	3955 S Howell AV	Class A Malt & Class A Liquor License		3/1/2026, 6:00 PM	1
3	Gingerz Sportz Pub LLC	Gingerz Sportz Pub and Grill	MARY M NILAND, Agt	3915 S Howell AV	Class B Tavern License	180	3/1/2026, 6:00 PM	1
4	Sokolowski Enterprize LLC	Jerseys Pub & Grill	TODD G SOKOLOWSKI, Agt	4024 S Howell AV	Class B Tavern License	180	2/9/2026, 6:00 PM	1
5	Barrel Proof Coffee Roasters LLC	Hawthorne Coffee Roasters & Foxfire	STEPHEN HAWTHORNE, Agt	4177 S HOWELL AV	Class B Tavern License		5/29/2026, 7:00 PM	1
6	AVENUE WINE & LIQUOR, INC	AVENUE WINE & LIQUOR	MICHAEL J BUGALSKI, Agt	4075 S HOWELL AV	Class A Retailer's Intoxicating Liquor License		7/5/2026, 7:00 PM	1
7	LIQEN CORPORATION	COPPER KITCHEN RESTAURANT	XHEVIT ZEQRIRI, Agt	3935 S HOWELL AV	Class B Tavern License	80	7/22/2026, 7:00 PM	1
8	MJMJAS LLC	Day Drink Inn	Mario J Mussatti, Agt	312 W Plainfield AV	Class B Tavern License	74	9/25/2026, 7:00 PM	1
9	LB LLC	On The Clock	ROBERT J KRAUSE, Agt	4301 S Howell AV	Class B Tavern License	80	9/11/2026, 7:00 PM	1
10	GATORS PUB	GATORS PUB	DENNIS D BRATEL, SP	601 E BOLIVAR AV	Class B Tavern License	49	1/19/2027, 6:00 PM	1

Establishments within a 0.5 miles radius centered on area of interest.



Monday, February 23, 2026



# Notice of Public Hearing

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SILVA LOPEZ, Roberto X, Agent

The Bad Piggy Puerto Rican Cuisine and Cocktails at 4068 S Howell Av  
Class B Tavern, Public Entertainment Premises and Food Dealer Licenses Application Requesting  
Instrumental Musicians, Karaoke and 4 Amusement Machines

**Tuesday, March 10, 2026 at 2:00 PM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 3/10/2026 at 2:00 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## **Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:**

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	4037 S BURRELL ST	MILWAUKEE, WI 53207-4403
CURRENT OCCUPANT	4040 S HOWELL AVE	MILWAUKEE, WI 53207-4408
CURRENT OCCUPANT	4042 S HOWELL AVE	MILWAUKEE, WI 53207-4408
CURRENT OCCUPANT	4064 S BURRELL ST	MILWAUKEE, WI 53207-4465
CURRENT OCCUPANT	4064A S BURRELL ST	MILWAUKEE, WI 53207-4465
CURRENT OCCUPANT	4067 S BURRELL ST	MILWAUKEE, WI 53207-4464
CURRENT OCCUPANT	4067A S BURRELL ST	MILWAUKEE, WI 53207-4464
CURRENT OCCUPANT	4072 S BURRELL ST	MILWAUKEE, WI 53207-4465
CURRENT OCCUPANT	4073 S BURRELL ST	MILWAUKEE, WI 53207-4464
CURRENT OCCUPANT	4073A S BURRELL ST	MILWAUKEE, WI 53207-4464
CURRENT OCCUPANT	4079 S BURRELL ST	MILWAUKEE, WI 53207-4464
CURRENT OCCUPANT	4080 S BURRELL ST	MILWAUKEE, WI 53207-4465
CURRENT OCCUPANT	4100 S BURRELL ST	MILWAUKEE, WI 53207-4406
CURRENT OCCUPANT	4100 S HOWELL AVE	MILWAUKEE, WI 53207-4410
CURRENT OCCUPANT	4100A S HOWELL AVE	MILWAUKEE, WI 53207-4410
CURRENT OCCUPANT	4101A S HOWELL AVE	MILWAUKEE, WI 53207-4409
CURRENT OCCUPANT	4103 S BURRELL ST	MILWAUKEE, WI 53207-4405
CURRENT OCCUPANT	4106 S BURRELL ST	MILWAUKEE, WI 53207-4406
CURRENT OCCUPANT	4111 S BURRELL ST	MILWAUKEE, WI 53207-4405
CURRENT OCCUPANT	4113A S HOWELL AVE	MILWAUKEE, WI 53207-4409
CURRENT OCCUPANT	4114 S HOWELL AVE	MILWAUKEE, WI 53207-4410
CURRENT OCCUPANT	4121 S BURRELL ST	MILWAUKEE, WI 53207-4405

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Total Records: 22

Radius 250 feet and Center of the Circle: 4068 S Howell Av



# APPLICATION AMENDMENT

ecl-amend 9/10/18

Office of the City Clerk License Division  
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 2-26-26

To the License Division of the City of Milwaukee:

I, Roberto Silva Lopez, wish to amend my answer(s) on the application for a

Food + BAR license at 4068 S Howell Ave

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # \_\_\_\_\_ should be: \_\_\_\_\_
2. Agent should be (full legal name): \_\_\_\_\_ Also complete 3, 4, 5 & 6
3. Date of birth should be: \_\_\_\_\_
4. Home address should be (include city/state/zip): \_\_\_\_\_
5. Phone number should be (include area code): \_\_\_\_\_
6. Driver's License Number/State ID Number should be: \_\_\_\_\_
7. Corporation/LLC name should be (full legal name): \_\_\_\_\_
8. Business name should be: \_\_\_\_\_
9. Premises address should be (include city/state/zip): \_\_\_\_\_
10. Business phone number should be (include area code): \_\_\_\_\_
11. Mailing address should be (include city/state/zip): \_\_\_\_\_
12. Email address should be: \_\_\_\_\_
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): \_\_\_\_\_

14. Class B Tavern: Age Distinction should be: \_\_\_\_\_

15. Other: Change to plan of operation  
Floor Plan, FEI P App and hours See attached forms  
(Check with the License Division before submitting "Other" amendments using this form.)

[Signature]  
Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: BTAVN 388673 Date: 2/26/26 Initials: [Signature] To LC: \_\_\_\_\_  
LC Email: MPD NS HD Initials: \_\_\_\_\_

Adjustments and Commitment to Operational Plan The Bad Piggy PUERTORICAN CUISINE AND COCKTAILS.

Dear licensing officials:

1. PARKING AGREEMENT

"I attach the signed agreement with the bar and with We Energies regarding the parking lot north of the property, fulfilling what was requested."

2. DAILY GARBAGE COLLECTION AND CLEANING:

As part of our updated operational plan, we have incorporated garbage collection every two hours.

This includes both the exterior of our premises and along Waterford.

We commit to keeping the area clean and in compliance with regulations.

3. Additional Note to Operational Plan: GARBAGE CONTAINER.

The garbage container will be emptied by the collection company every two days, or daily if necessary, ensuring proper waste disposal and compliance with current regulations.

4. Clarification to Operational Plan: OUTDOOR ACTIVITIES:

No outdoor activities are planned. From the start, all operations (cooking, service, and customer attention) have been planned exclusively indoors.

5. SCHEDULE MODIFICATION:

Operating hours will be from 10 a.m. to 9 p.m. *Sunday to Saturday*

6. Any mention of instrumental musicians is removed from the public entertainment license application, as no shows or events of this type are planned. *and Removing ~~Karaoke~~ Karaoke*

7. TABLE LOCATION

I attach the location of all tables in the revised plan.

Sincerely,

*[Handwritten Signature]* *2/26/26*

The Bad Piggy Puerto Rican Cuisine and Cocktails.

Milwaukee, Wisconsin

February, 24 / 2026

To Whom It May Concern.

Greetings

We hereby confirm that the parking lot located north of the future The Bad Piggy Puerto Rican Cuisine restaurant and south of the bar

*Jerseys Pub & Grill*

may be shared between the customers of both businesses (mentioned above).

Thank you

Sincerely,

*[Signature]*

Manager Jerseys  
414-483-9500

*[Signature]*

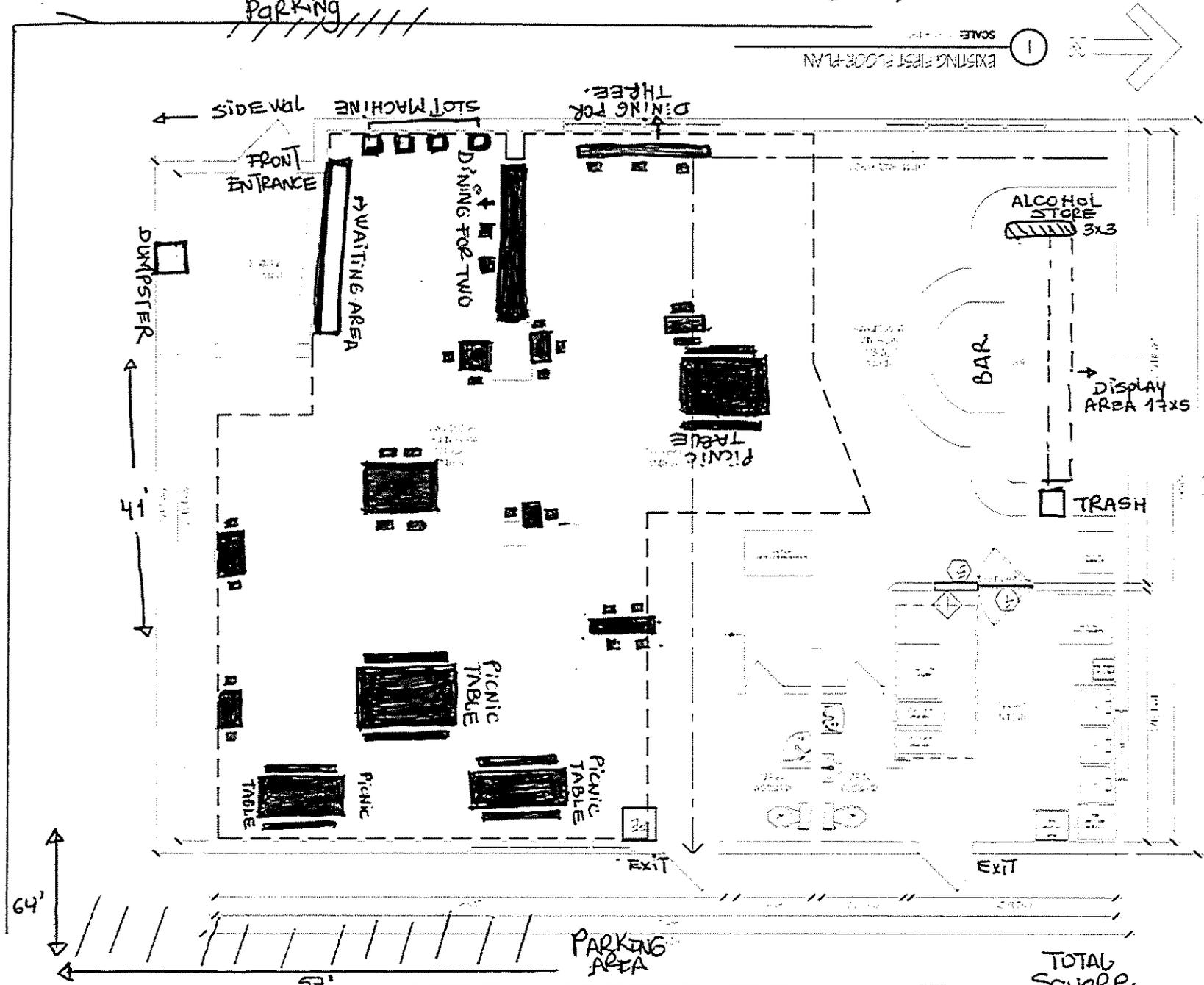
414-779-9930  
The bad Piggy owner

E WATERFORD AVE

Street Parking

SHOWELL AVE. N

EXISTING FIRST FLOOR PLAN



ROBERTO x. SILVA LOPEZ AGENT "RJx SILVA LOPEZ" LLC  
 "THE BAD PIGGY" PUERTO RICAN CUISINE AND COCKTAILS  
 4068 S HOWELL AVE MILWAUKEE, WI 53207 DATE: 02/16/2026 1<sup>ST</sup> FLOOR

TOTAL Square Footage = 2,091'



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

## 1. Type of Business

- Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating: *This is a Puerto Rican-Themed Restaurant and Bar offering both dine-in service and bar option, as well as delivery like doordash*

Do you have any experience operating this type of business?  No  Yes If yes, explain: *I have five (5) years of experience managing and operation of food truck, on two (2) months in a food truck park, where I handle not only food but also alcoholic beverages at the bar.*

## 2. Business Operations

- a. Proposed Opening Date: *January 2026 "Approximately" or February*
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: *It will take about one to two months in total. The hood installation will take a few weeks, and then the kitchen and equipment will take a few more weeks. (February 2026) approximately.*
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: \_\_\_\_\_
- e. Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: \_\_\_\_\_

## 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: *Yes, the smoking area will be at the back, well-ventilated for comfort.*
- b. Number of Garbage Cans: Inside: *2* Locations: *Kitchen-Bar service*  
Outside: *1* Locations: *Dumpster*
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? *2*
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 24 and describe the parking security plan: The parking area will have high-definition security cameras, adequate lighting at night, and continuous monitoring for safety.
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: The loading zone will be at the back of the building and will only be used during non-operating hrs, w/ security measures in place.
- c. Will you have licensed security on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following: \_\_\_\_\_  
 What are their responsibilities? \_\_\_\_\_  
 Describe equipment used \_\_\_\_\_  
 List their License Number (s) \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 8 and list locations: \_\_\_\_\_  
four outside and four inside
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol <u>20</u> %	Food <u>70</u> % Cigarettes, Electronic Vape Devices, Tobacco Products _____ %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment <u>10</u> %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____
Pawnbroker Activity _____ %			

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant  Cafe/Coffee Shop  Deli or Fast Food Restaurant  Private/Fraternal/Veterans Club
- Night Club  Tavern  Cocktail Lounge  Teen Club
- Banquet Hall  Sports Facility  Bowling Alley
- Hotel/Motel : Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_  
 Rooming House: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store  Corner Store  Supermarket  Convenience Store
- Gas Station  Amusement/Phonograph Distributor  Recycling, Salvage or Towing
- Used Car Dealer  Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)  Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit  Cigarette, Tobacco, Electronic Vape Products  Gas Station  Extended Hours  Class "B" Tavern  Weights & Measures
- Secondhand Dealer  Precious Metal & Gem  Other: \_\_\_\_\_

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop

Other: Describe: \_\_\_\_\_

b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

c. Nearest Major Cross Street: S Howell

d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: The Surrounding area is a "Mix" of

g. Building Owner Name: Hector Espinosa Phone Number: 414-416-9357

Building Owner Address: 4068 South Howell Avenue

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	06 a.m	10 p.m	60 - 100	30-70	NONE
Monday	06 a.m	10 p.m	30 - 60	30-70	NONE
Tuesday	06 a.m	10 p.m	30 - 60	30-70	NONE
Wednesday	06 a.m	10 p.m	30 - 60	30-70	NONE
Thursday	06 a.m	10 p.m	50 - 80	30-70	NONE
Friday	06 a.m	10 p.m	80 - 120	30-70	NONE
Saturday	06 a.m	10 p.m	90 - 150	30-70	NONE

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

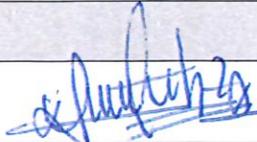
Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)



Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)



Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.



**ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES  
SUPPLEMENTAL APPLICATION**

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 e-mail address: license@milwaukee.gov [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: <u>RJX Silva Lopez LLC</u>	
Premise Address: <u>4068 S Howell Ave, Milwaukee WI, 53207</u>	
<b>Proximity of Premises to Church, School, Daycare Center or Hospital</b>	
Is the building within 300 feet of any church, school, daycare center or hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<b>"Service Bar Only" Designation</b>	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	
<b>Business Information</b>	
a) Are you taking out this application for anyone that may not be eligible for a license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list their name and address: _____	
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If no, list the name and address of the person(s) who will: _____	
Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.	
c) Does anyone else have money invested or any other interest in this business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, explain: <u>Booth (Roberto Silva Lopez) and my wife (Arleth J. Espinel Rios) are investors in this business, and we both participate in its daily operations and decision making.</u>	
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
<b>Property Information (New &amp; Transfer Applicants Only)</b>	
a) Do you own or lease the building?	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease
b) Who owns the fixtures (for example, coolers, etc.)?	<u>The owner whose name is listed, will be listed as the owner of the coolers for the bar, and the coolers for the kitchen will be owned by RJX Silva Lopez LLC</u>
c) Are you purchasing the stock and/or fixtures?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, amount paid \$ <u>11,000</u>
d) Total amount paid for business	\$ <u>117,000</u>
e) Total amount paid for goodwill of the business	\$ <u>37,000</u>
Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.	

Form Continues on next page →

**See Application Information for a list of all required application forms.**

**Lease Information (New & Transfer Applicants who are leasing the premises only)**

- a) Date lease begins 12/01/25 Ends 12/01/28
- b) Monthly rental \$ 3,200
- c) Do you have an option to renew the lease?  No  Yes
- d) Does your lease allow for assignment to another party without the consent of the owner?  No  Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? 3
- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  No  Yes If yes, explain \_\_\_\_\_
- g) Does the present owner or occupancy object to the granting of your license?  No  Yes  
If yes, explain \_\_\_\_\_

**Change of Agent Applicants Only**

Have there been any changes to the floor plan since the last application was submitted?  No  Yes  
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): \_\_\_\_\_

**Responsible Beverage Server Training**

- a) Within the last 2 years have you held a bartender's license in the state of Wisconsin?  No  Yes
- b) Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin?  No  Yes
- c) Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin?  No  Yes

If you answered no to all the above questions, proof of course completion must be provided by submitting your course certificate to the License Division.

For Course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's Website (<https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>)

I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.

Roberto x. Silva Lopez  
Print Name of Individual/Partner/Agent

[Signature]  
Signature of Individual/Partner/Agent

**Signature**

[Signature]

Signature of Sole Proprietor, Partner or 20% or More Shareholder  
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

Note: All information contained in this application is subject to approval by the Common Council. Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.

**New and transfer of premises applicants must submit the following:**

- Detailed floor plan
- If a restaurant, copy of the menu



# FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: RJX Silva Lopez LLC

Premises Address: 4068 S Howell Ave Milwaukee, WI

## SECTION 1 TYPE OF BUSINESS

What will be the majority of your food sales? (check one)

Restaurant Items (meals):  
MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

Retail Items (snacks and beverages):  
RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store?  Yes  No  
A convenience store contains less than 7,500 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

Bed & Breakfast  
 Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done?  No  Yes If yes, what percentage of food sales will be wholesale?

Less than 25%

25% or More AND:  
 Restaurant items (meals) will be sold – Complete this application and also contact DATCP.  
 NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

## SECTION 2 FOOD PROCESSING

Will any food processing be done?  No  Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

## SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold?  No  Yes  
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: Fish, Milk, Meat, Poultry, ice cream, Shellfish

**SECTION 4 DETAILS OF OPERATION**

- Will you have seating on site for dining?  No  Yes
  - Will you be doing any catering?  No  Yes
  - Will you be doing any delivery?  No  Yes
  - Will you have outdoor activities?  No  Yes - Check all that apply:  Bar  Cooking/Grilling  Dining
  - Will you have a drive thru window?  No  Yes - Are hours different from inside?  No  Yes
- If Yes, provide drive thru hours: \_\_\_\_\_
- Will scales or barcode scanners be used?  No  Yes - You must also apply for a Weights & Measures License.

**SECTION 5 ADDITIONAL SITES**

Where will food be prepared and/or sold?  
 At a single site  At multiple sites: How many? \_\_\_\_\_ (for example, a hotel with several dining rooms or bars)  
 If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

**SECTION 6 CONSTRUCTION OR CHANGES**

- Are you planning any construction, remodeling or equipment changes?  
 No  If No, SKIP to Section 7  
 Yes  If Yes, check all that apply:  New construction of a building  Renovation or remodeling  
 Construction changes to existing building  Equipment changes only

Provide a brief description of the changes: *We are installing a complete kitchen in a previously empty space, equipped with new cooking appliances and fixtures.*

Start date: *December 2025.*

Name, Address & Phone Number of Architect: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Name, Address & Phone Number of Contractor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7 ALCOHOL BEVERAGES**

- Are you applying for an alcohol beverage license?  
 No  If No, SKIP to Section 8  
 Yes  If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?  
 Immediately  At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:

*RS* I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

*RS* I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.

*RS* I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.

*RS* I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.

*RS* I will not operate my food business until the license has been issued and posted in the establishment.

Signature of Sole Proprietor, Partner, or 20% Shareholder: *[Signature]*

Signature of Additional Partner: *[Signature]*



# PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

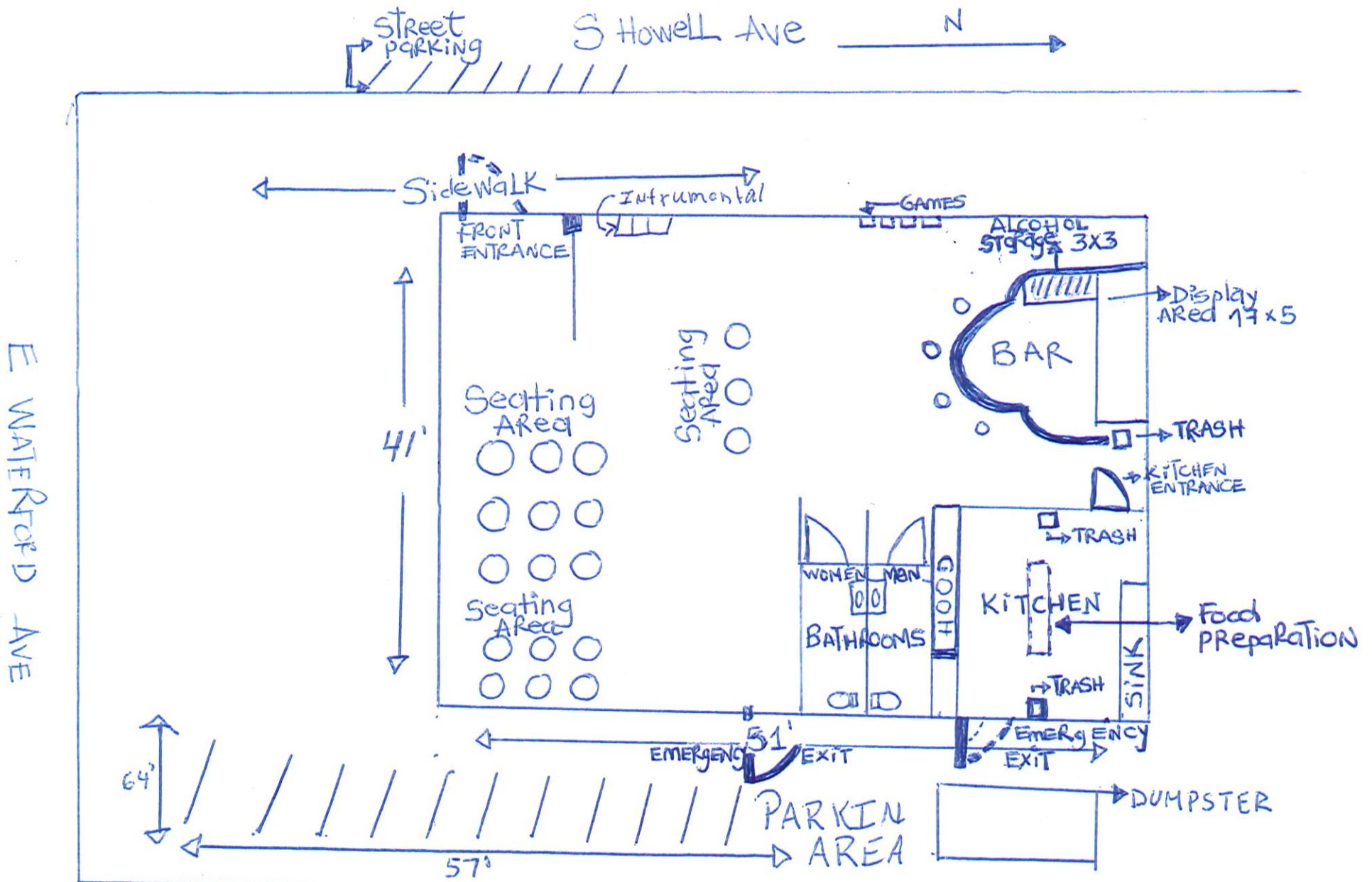
Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 [www.milwaukee.gov/license](http://www.milwaukee.gov/license) e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

<b>PREMISES ADDRESS:</b>			
<b>TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)</b>			
<input checked="" type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Dancing by Performers	<input checked="" type="checkbox"/> Amusement Machines How many? <u>4</u>
<input type="checkbox"/> Bands	<input type="checkbox"/> Comedy Acts	<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Concerts Approx. # per year? _____
<input type="checkbox"/> Bowling Alley How many? _____	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Pool Tables How many? _____	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests	<input type="checkbox"/> Jukebox
<input type="checkbox"/> Motion Pictures (movies by admission) - How many? _____	<input type="checkbox"/> Poetry Readings	<input type="checkbox"/> Patrons Dancing	<input checked="" type="checkbox"/> Karaoke
<input type="checkbox"/> Hookah Service	<input type="checkbox"/> Other: _____		
<i>Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday &amp; Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.</i>			
<b>PROMOTERS/SOUND AMPLIFICATION</b>			
Will promoters ever be used for any of the entertainment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
At any time will sound amplification be used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
<b>LEGAL CAPACITY OF PREMISES</b>			
_____ (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: _____. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.			
<b>ACKNOWLEDGEMENT/SIGNATURE</b>			
I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.			
I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.			
 _____ Signature of Sole Proprietor, Partner or 20% or More Shareholder (If no 20% or more Shareholder, Corporate Officer - print name/title and sign)			

**Office Use Only:**

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ App: \_\_\_\_\_

Only PEP?  No  Yes If Yes,  Queue to MPD and  Email Mgrs/Team Lead (must be heard w/in 60 days)



ROBERTO X. SILVA LOPEZ AGENT "RJX SILVA LOPEZ" LLC  
 "THE BAD PIGGY" Puertorican Cuisine and cocktails  
 4068 S HOWELL AVE MILWAUKEE, WI 53207  
 DATE: 12/12/2025 -- 1<sup>st</sup> FLOOR

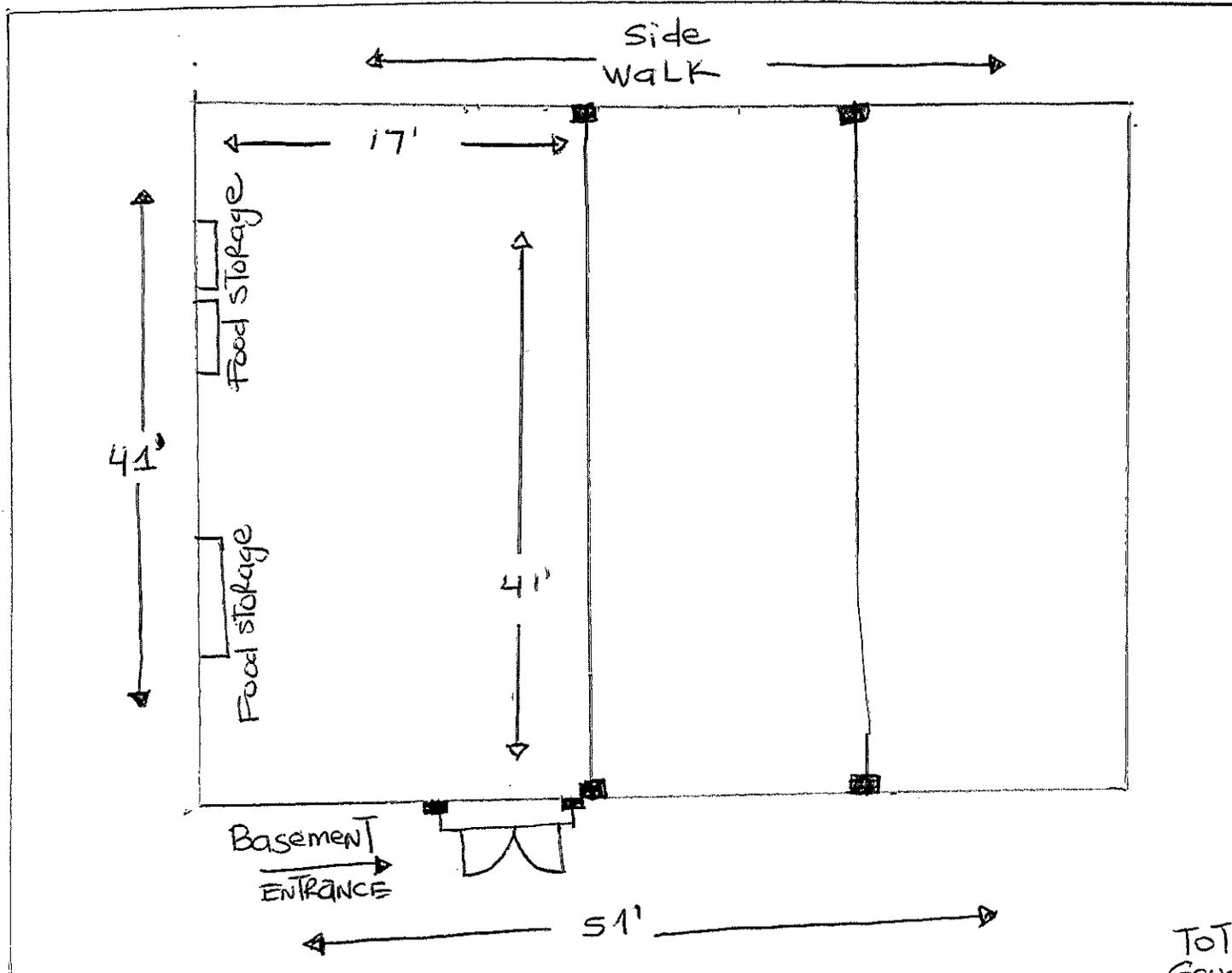
TOTAL  
 Square  
 Footage =  
 2,091'

S HOWELL AVE

N



E WATERFORD AVE



ROBERTO X. SILVA Lopez, "Rjx Silva Lopez LLC"  
 "The Bad Piggy Puerto Rican Cuisine and Cocktails"  
 4068 S HOWELL AVE MILWAUKEE, WI 53207  
 DATE: 12/16/2025  
 BASEMENT STORAGE

Total  
 Square  
 Footage =  
 697'

PUERTORICAN RESTAURANT

# THE BEST PORK

## ROASTED PORK

## IN MILWAUKEE WI

\* Full Combination: Roasted pork (Half a pound) and Porkskin with Puertoricarice, garlic tostones, garlic yuca, sweet plantain, French fries, sweet bread. \$17

\* PORK BELLY PIGGY: (Half a pound pork belly), Puertoricarice, garlic tostones. Lemon and mayo sauce. \$18

\* PIGGY MOFONGO: Half a pound Roasted Pork and Porkskin / or 3 meats: Roasted pork, ham, angus steak, sweet plantains, mozzarella cheese. \$17 / \$18

\* Puertoricaric Arepas:

\* Stuffed with 3 meats: Roasted pork, ham, ANGUS STEAK, sweet plantains, mozzarella cheese, stick potatoes and sauce mayo. \$14

\* TRIPLETA OMG PUERTORICAN SANDWICH: 3 meat: Roasted pork, ham, angus steak, mozzarella cheese, stick potatoes, sweet plantains, sauce mayo. Accompanied by: French fries or garlic tostones. \$15 / \$16

\* Mixed Piggy: Roasted pork (Half a pound) and Porkskin and bbq ribs (Half a pound), Puertoricarice, tostones garlic, yuca garlic, sweet plantain, French fries, sweet bread. \$23

\* BBQ Ribs with Puertoricarice and garlic tostones. \$18

\* CRAZY FRIES: French fries covered with 3 meats: Roasted pork, angus steak, ham, mozzarella cheese, sweet plantain, stick potatoes, mayo sauce. \$15

\* PIGGY BURGUER: Made In sweet bread, angus steak, bacon, American cheese, sweet plantain, Mayo sauce. And French Fries \$14 or Garlic Tostones. \$16

## SEAFOOD

\* Puertoricaric Arepas with SHRIMP and octopus \$14

\* SHRIMP WITH Puertoricaric Rice and Garlic tostones \$16

\* MOFONGO SHRIMP \$ 14

## SIDES / FRITURAS

- \* Empanadillas/beef/ jueyes/Piano/ 3meats \$4
- \* Alcapurrias \$4
- \* Big Boricuan pastel \$7
- \* Mofongo side \$ 8
- \* Puertoricaric rice \$ 8
- \* Garlic yuca \$ 8
- \* Garlic tostones \$ 8
- \* Sweet plantain \$ 8
- \* Rellenos de papa \$4
- \* Jibaritos \$14

## DRINKS

- NATURAL JUICE \*Passion Fruit, Tamarindo, Guanabana \$6
- \*No alcohol Pina Colada \$8
- \*FRAPPES: Nutella, Ferrero, Oreo, Snicker \$8
- \*Malta India, Coco Rico, Kola champagne \$3
- \*CocaCola \$2.5 - \*Agua \$1

## DESSERTS

- \* Coconut Flan \$5
- \* Cheese Flan \$5
- \* Coconut ice cream /limber \$4
- \* Cheese Flan/ limber \$4
- \* Tiramisu cream \$4

