

Manhattan Community Board 4

NYS Liquor License/DOT Dining Out Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)			
Cafe by the Girls LLC		Cafe by the girls Colombian Coffee			
STREET ADDRESS		CROSS STREETS	ZIP CODE		
537a W 23rd street		10th and 11th Avenue	10011		
Applicant <small>(Attach a list of all individuals that will be listed/associated with the license)</small>	NAME:	Natalia Rico	ATTORNEY/ REPRESENTATIVE	NAME:	Remesas Cibao
	PHONE:	5166317025		PHONE:	5162326283
	EMAIL:	info@cafebythegirls.com		EMAIL:	remesascibao@yahoo.com
MANAGER	NAME:		LANDLORD	NAME:	Related Rentals
	PHONE:			PHONE:	
	EMAIL:			EMAIL:	info@Relatedrentals.com
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>New York State Liquor License</i> <input type="checkbox"/> <i>Dept. of Transportation Dining Out</i>)					
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?		YES	NO	
	What is/was the name and address of establishment?				
	What were the dates applicant was involved with this former premise?				
<input type="checkbox"/> Corp Change/Class Change/Method of Operation Change/Removal	What is the license # and expiration date?				
	Is applicant making any alterations or operational changes?		YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.				
<input type="checkbox"/> Alteration	What is the current license # and expiration date?				
	Please list/describe the nature of all the changes and attach the plans:				
METHOD OF OPERATION					
TYPE OF ALCOHOL	<input type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input checked="" type="checkbox"/> Wine/Beer & Cider				
ESTABLISHMENT TYPE	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)				
Has applicant filed with the SLA? If yes, when? If no, when does applicant plan to file?			YES	NO	Yes, 06/07/2024
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 foot radius of the establishment and the Public Interest Statement.			YES	NO	NO
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship within a 200 foot radius of the establishment.			YES	NO	NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?			YES	NO	YES

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

HOURS of Operation		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Indoors	7AM-5PM	7AM-6PM	7AM-6PM	7AM-9PM	7AM-9PM	8AM-9PM	8AM-6PM
	Outdoors							
	Kitchen	7AM-5PM	7AM-6PM	7AM-6PM	7AM-9PM	7AM-9PM	8AM-9PM	8AM-6PM
	Music (indoors)							

If yes, what type(s)?
(Circle all that apply)

BACKGROUND

LIVE MUSIC

DJ

JUKE BOX

KARAOKE

OCCUPANCY

	Capacity Pursuant to Certificate of Occupancy	Maximum Occupancy (Including Employees)	Number of Tables	Number of Seats	Number of Service-Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE	18	18	5	14	0	1	4
OUTSIDE <i>(Rooftop/Rear Yard/Patio/Terrace /Garden; within the premises)</i>							
DOT Dining Out: Sidewalk Cafe			2	4			
DOT Dining Out: Roadway							

How frequently will the owner(s) be at the establishment?

ALL DAYS ALL HOURS

Will there be dancing?

YES NO NO

Will applicant have bottle or table service for alcohol beverages other than wine?

YES NO NO

Will applicant be hosting private promotional or corporate events?

YES NO NO

Will outside promoters be used on a regular basis? If yes, please describe.

YES NO NO

Will applicant have a security plan? If yes, please attach.

YES NO NO

Will security plan be implemented?

YES NO NO

Will State certified security personnel be used?

YES NO NO

Will New York Nightlife Association and NYPD Best Practices be followed?

YES NO YES

Does applicant agree to notify MCB4 prior to making changes to its method of operation?

YES NO YES

Will applicant be using delivery bicycles? If yes, how many? Please describe where delivery bicycles will be parked when picking up deliveries?

YES NO NO

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly marked with the name as described by NYC Law?	YES	NO	N/A
Where will applicants' own delivery bicycles be parked when not making deliveries?			
If applicant is using third party delivery service, where will third party delivery bicycles park?			
Where will applicant store its garbage containers when not in use?			
Where will applicant lay out garbage containers and at what time?			

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	
Does the building have a Certificate of Occupancy ("C of O") or a Letter of No Objection?	YES	NO	YES
Is a Public Assembly permit required?	YES	NO	NO
Are your plans filed with DOB?	YES	NO	NO
What is the zoning designation for this location?			

Community Notification/Relations

NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each, please list both the organization and individual you contacted.	# 1	555 FSRESIDENTIAL
	# 2	515W23@AKAM.COM
	# 3	The Tate Building
	# 4	bharra@abcmgmt.net
	# 5	info@joindaisy.com
When did applicant post the notice that was provided?	06/18/2024	
Where did applicant post the notice that was provided?	AT THE WINDOW AND LIGHT POSTS	
Please provide dates when applicant met with the groups listed above.	6/27/2024	
Who was your contact person at each group you met with?	Resident Managers	
Will applicant provide a cell phone number to neighbors and respond to complaints that arise? If yes, please provide.	YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicant's jobs webpage?	YES	NO

MULTIPLE SPACES/FLOORS BREAKDOWN

Space/Floor	Description/ Use of Space	Capacity	Hours	# of Tables	# of Seats	# of Service- Only Bars	# of Stand-Up Bars/Seats at Bar	Music

BUILDING DESIGN			
State the name and type of business previously located in the space.	Art Gallery		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	NO
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	NO
Has the applicant/owner(s) read MCB4 ADA Guidelines Memo?	YES	NO	YES
Is the entrance ADA Compliant?	YES	NO	YES
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	NO
Will applicant have a vestibule within the establishment?	YES	NO	NO
Will applicant use a storm enclosure?	YES	NO	NO
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	NO	YES
Will applicant comply with the NYC noise code?	YES	NO	N/A
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS		GARAGE DOORS
	WINDOWS THAT CAN BE OPENED		
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES	NO	N/A
Will applicant close all windows, French doors, garage doors by 11 p.m. Friday and Saturday and 10 p.m. on all other days even if no music or amplified sound is played inside the establishment?	YES	NO	YES
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	N/A
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	YES	NO	N/A
Will the kitchen exhaust system extend to the roof?	YES	NO	NO
Will the establishment have an illuminated sign?	YES	NO	YES
Will the establishment have a pole-supporting canopy extending over the sidewalk?	YES	NO	NO
Where will the air conditioner be located? What type is it?	EXISTING, Located at the Lobby 1 mini split & duct system		
When was the air conditioner installed?	2 YEARS AGO		

OUTDOOR PRIVATE PROPERTY – ROOFTOP, REAR YARD, TERRACE

Has the applicant/owner(s) read MCB4 Rear Yard Rooftop Policy?	YES	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo? If yes, which one(s)?	YES	NO	
Are the floorplans for the outdoor space(s) included?	YES	NO	
Will applicant close and vacate the outdoor space(s) by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s)?	YES	NO	
Will there be no amplified music, as per the law?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants; apartments)	YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

DEPARTMENT OF TRANSPORTATION DINING OUT: SIDEWALK

Has the applicant read MCB4 Sidewalk Café Policy?	YES	NO	YES
Will applicant be applying for sidewalk seating now or in the future?	YES	NO	YES
If you answered no to the question above, jump to the next page			
Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO	NO
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	YES
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO	YES
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	YES
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO	YES
Will applicant permit NO wait lines or smoking outside?	YES	NO	YES
Will there be no amplified music, as per the law?	YES	NO	YES
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	YES
Will applicant agree not to use propane heaters?	YES	NO	YES
Will applicant agree to abide by all applicable fire codes, including not blocking fire escapes?	YES	NO	YES
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	YES
Will the café have a 3 foot-wide serving aisle running the entire length of the sidewalk seating?	YES	NO	YES
Will the sidewalk seating have a platform?	YES	NO	YES
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	NO	YES
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A
Will the sidewalk seating block subway grate, utility hardware or Siamese water connection?	YES	NO	NO
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8-foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?			YES

DEPARTMENT OF TRANSPORTATION DINING OUT: ROADWAY

Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO	
If you answered no to the question above, jump to the next page			
Will the roadway structure extend on top of the curb or pedestrian refuge? By how much?	YES	NO	
Will the roadway structure have an ADA compliant ramp (not in the bike lane)?	YES	NO	
Will the roadway structure extend in the striped zone along the bike lane? By how much?	YES	NO	
Will the electric wires be brought over at the roof level?	YES	NO	
Will applicant dismantle and dispose of a shed that is no longer in use, along with its furniture?	YES	NO	
Will there be no music or amplifies sound in any outdoor seating, as per law?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will the Outdoor Dining Sidewalk & Roadway provide no standing space for drinking or smoking?	YES	NO	
Will the service and consumption of alcohol in the Outdoor Dining Sidewalk/Roadway only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	NO	
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	NO	
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	NO	
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	
Will applicant agree not to use propane heaters?	YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

To the extent any additional stipulation on pages 9 and 10 of this application conflicts with any response on pages 1 – 11 of this application, the stipulations on pages 9 and 10 control.

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Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
July 24, 2024 full board meeting, with 40 members voting
 in favor of the recommendation, 0 members opposed, 0
 members abstaining and 0 present but not eligible)

Denial unless all stipulations agreed to by applicant/owner are part
 of the method of operation


Denial Approval

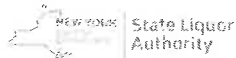
MCB4 REPRESENTATIVES

 Nelly Gonzalez <i>MCB4 Assistant District Manager</i>	 Frank Holozubiec <i>MCB4 BLP Committee Co-Chair</i>	 Burt Lazarin <i>MCB4 BLP Committee Co-Chair</i>
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APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 representatives and applicant. These stipulations supersede any oral statements, representations, or prior iterations in connection with this application.

<p>SIGN HERE →</p>	<p>NATALIA RICO PRINT NAME OF APPLICANT</p>	 SIGNATURE OF APPLICANT	<p>6/27/2024 DATE</p>
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OFFICE USE ONLY

Original Amended Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

9589 0710 5270 0278 1481 11 -

1. Date Notice Sent:

1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Application Removal Class Change

For premises in the City of New York:

New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal

Class Change Method of Operation Corporate Change Renewal Alteration

Manhattan Community Board 4

RECEIVED

Date: 6/5/24

Time: 12pm

By: Jasmine P.Y.

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date
For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: Beer & cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel

Other (specify):

15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
(check all that apply) Sidewalk Cafe Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name	Serial Number

21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature:

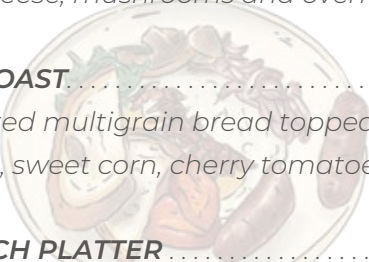
ZUCCHINI OMELETTE **13.75**
Homemade zucchini tortilla topped with baby arugula, cherry tomatoes and pecorino cheese.



QUINOA OMELETTE **15.75**
Fresh diced tomato, quinoa, avocado and gouda cheese folded into fresh eggs, served with micro greens.

EGGS AND AVO TOAST BY THE GIRLS **13.75**
Toasted sourdough bread, with eggs, avocado, sautéed spinach, feta cheese, mushrooms and oven roasted tomatoes.

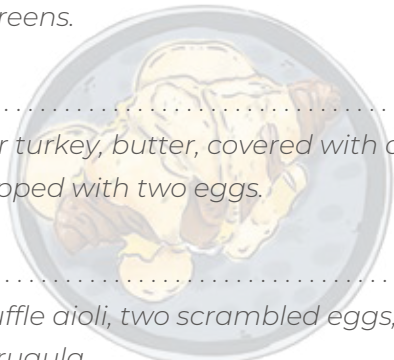
AVO TOAST **13.00**
2 Toasted multigrain bread topped with avocado spread, feta cheese, sweet corn, cherry tomatoes and micro greens.



BRUNCH PLATTER **17.00**
Oven baked Spanish sausage, with mushrooms and spinach sautéed eggs, with fresh toasted bread and crispy bacon, topped with red onions.

EGGS BENEDICT BY THE GIRLS **16.75**
Toasted brioche with oven baked glazed bacon, or smoked salmon, and two poached eggs topped with hollandaise peach palm sauce and fresh microgreens.

CROISSANT SANDWICH **13.00**
Toasted croissant with ham or turkey, butter, covered with our special melted cheese mix, topped with two eggs.



BAGEL ON THE HUDSON **12.00**
Toasted bagel spread with truffle aioli, two scrambled eggs, American cheese and baby arugula.

EGGS AND CHEESE SANDWICH **10.00**
Toasted Texas bread with scrambled eggs and Colombian fried cheese, with roasted pepper dressing.

EGGS ON TOAST **10.50**
Sunny side eggs on sourdough toast, with roasted tomato and sweet onions.



CBG QUICHE **12.00**
Thick omelette cooked with sautéed spinach mushrooms and fontina cheese.

SIDES (w/Breakfast & Sandwiches)
Smoked Salmon / Chorizo / Prosciutto / Bacon **5.00**
Fried Cheese / Roasted tomato / Any Style egg / Mushroom **3.75**

SOUPS AND SALADS

Served with side of texas bread.

CHICKEN SOUP Chicken and vegetables only **9.60**

LENTIL SOUP Vegetables only **9.60**

CHICKEN SALAD **16.00**
Grilled chicken, spring mix, dried cranberries, toasted almonds, cherry tomatoes with a homemade dressing.



CBG SALAD **16.00**
Sautéed mushrooms, cherry tomatoes, spring mix and sunflower seeds, tossed in our truffle aioli.

QUINOA SALAD **16.00**
Baby arugula, sweet corn, cucumber, oven baked tomato, grilled chicken and quinoa toased with our home made roasted pepper dressing.

HEALTHY OPTIONS

DRAGON FRUIT BOWL **12.95**
Kiwi, banana, strawberries, blueberries.

AÇAI BOWL **12.95**
Strawberries, banana & granola.

OAT MEAL **9.50**
With seasonal fruits

PARFAIT **7.00**
Granola with seasonal fruits



ADD

Coconut flakes **1.50**
peanut butter **1.50**
granola **1.50**
protein scoop **3.00**

CREPES

BACON EGG AND CHEESE CREPE **13.75**
Sunny side eggs, with melted american cheese over a toasted crepe, served with roasted tomatoes and maple syrup.

COLOMBIAN CREPE **13.75**
Grilled colombian cheese, shredded steak, topped with sweet corn, sour cream, avocado and cilantro dressing.

FLORENTINE CREPE **13.00**
Sautéed spinach and mushrooms, melted fontina cheese and oven baked tomatoes.

CHEESE AND PROSCIUTTO CREPE **13.75**
Swiss cheese, prosciutto, topped with baby arugula and honey mustard.

BANANA STRAWBERRY CREPE **12.00**
Nutella or dulce de leche spread with banana sliced, fresh strawberries, whipped cream and vanilla ice cream.



SANDWICHES ALL DAY

Served with our artisan bread and a side of salad or roasted potatoes.

MUSHROOM SANDWICH **15.75**
Sautéed mushrooms, caramelized onions, melted fontina cheese, bbq chip, truffle aioli on ciabatta bread.

FOREST SUB **15.50**
Smoked turkey breast, fontina cheese, fresh tomato, spring mix, blackberry Colombian style jam, and coconut mayonnaise.



CHICKEN 23RD **15.75**
Homemade shredded chicken stew, gouda cheese, oven baked tomatoes, red pickled onions, and smoked mayonnaise.

THE COLOMBIAN **15.75**
Classic south American shredded beef with grilled queso fresco, spring mix, cilantro mayonnaise and red pickled onions.

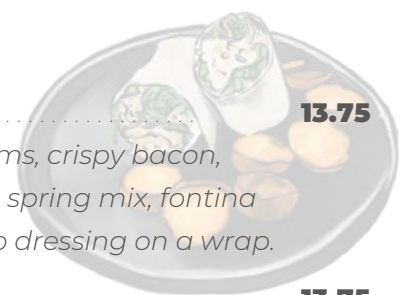
WRAPS

Served with roasted potatoes

BREAKFAST WRAP **13.75**
Scrambled eggs, sautéed mushrooms, crispy bacon, sweet corn, roasted tomatoes, fresh spring mix, fontina cheese and our homemade cilantro dressing on a wrap.

TUNA WRAP **13.75**
Classic tuna melt and spring mix on a wrap.

CHICKEN SALAD WRAP **13.75**
Chicken salad with roasted peanuts, celery, with onions and a mayonnaise and mustard dressing on a wrap.



SAVORY BITES

AREPA DE CHOCLO **6.75**
 Classic Colombian sweet corn cake
 with melted cheese.

PAN DE QUESO **3.75**
 Colombian puffy cheese bread.



HOT COFFEE

	12 OZ	16 OZ
DRIP COFFEE	3.40	3.30
AMERICANO	3.70	3.95
CAPPUCCINO	5.05	5.25
MOCHA	5.75	6.25
LATTE	5.05	5.25
FLAT WHITE	5.05	5.25
MACHIATTO	4.25	---
CORTADO	4.25	---

ICED COFFEE

	16 OZ	24 OZ	10 OZ
AFFOGATO	---	---	7.50
ICED COFFEE	4.50	4.95	
ICED LATTE	5.25	5.75	
ICED MOCHA	6.50	6.80	
CARAMELLATO	6.95	7.50	
<i>Caramel frozen coffee shake</i>			
WHITE MOCCHA FRAPPE	6.50	6.95	
<i>Coffee White Chocolate Smoothie</i>			
OREO SHAKE COFFEE	6.50	6.95	
<i>Oreo cookies frozen coffee shake</i>			
<i>Hot espresso with our vanilla gelato</i>			
COCONUT COFFEE	6.50	6.95	
<i>Coconut & coffee shake</i>			
COFFEE LEMONADE	6.70	---	
ICED CHAI LATTE	5.75	6.15	
ICED MATCHA LATTE	5.85	6.25	
<i>Organic, Japanese Green Tea, ceremonial grade.</i>			
COLD BREW	5.85	6.35	

JUICES AND SMOOTHIES

	16 OZ	24 OZ
GREEN SMOOTHIE	7.75	8.25
<i>Pineapple, Orange, Cucumber, Spinach & Ginger</i>		
STRAWBERRY PASSIONFRUIT/COCONUT	7.40	7.95
COCONUT MANGO/PINEAPPLE	7.40	7.95
PAPAYA MANGO APPLE	7.40	7.95
MIXED BERRIES PEANUT BUTTER	8.75	---
COLOMBIAN LEMONADE	6.50	7.60
<i>(Lemonade & Colombian Sugar Cane)</i>		
COCONUT LEMONADE	7.40	7.95
NATURAL LEMONADE	6.50	7.60
PASSION FRUIT, MANGO AND COCONUT MILK JUICE	7.65	---
PINEAPPLE MINT JUICE	7.65	---
PASSIONFRUIT JUICE	7.20	7.85
NATURAL ORANGE JUICE	7.50	8.50

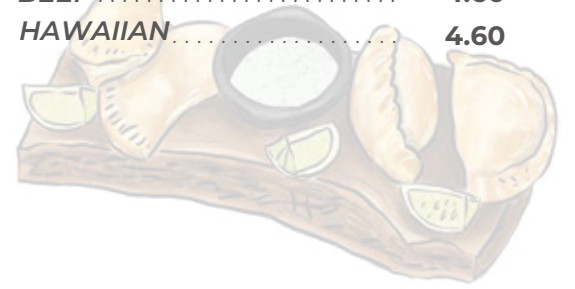
SWEET BITES

TRES LECHES CAKES	7.50
CARROT CAKE	7.50
SEASONAL PIE	7.50
SEASONAL BREAD	5.75
COFFEE CAKE	7.50
CHEESECAKE	7.50
APPLE PIE	7.50
CHOCOLATE CAKE	7.50
PISTACHO CAKE	7.50

EMPANADAS

With our special homemade green sauce

HAM AND CHEESE	4.60
CHICKEN	4.60
SPINACH	4.60
BEEF	4.60
HAWAIIAN	4.60



HOT DRINKS

	12 OZ	16 OZ
HOT CHOCOLATE	3.95	4.95
CHAI LATTE	4.95	5.25
MATCHA LATTE	5.85	6.85
<i>Organic, Japanese Green Tea, ceremonial grade</i>		
CANELAZO	---	6.95
<i>Passion fruit, cloves, sugar cane and camomille</i>		

ALTERNATIVE PREPARATIONS

	12 OZ	16 OZ
CHEMEX	5.25	5.75
FRENCH PRESS	5.25	5.75
POUR OVER (V60)	5.25	5.75
FARM COFFEE	5.95	6.85
<i>Old Fashioned Colombian Coffee</i>		

ADD

SOY, OAT OR ALMOND MILK...	0.95
SYRUP	0.95
<i>Dark Chocolate/ Caramel/ Hazelnut /Irish Cream / French Vanilla</i>	

TEA

	12 OZ	16 OZ	
ORGANIC ASSAM (BLACK TEA)	3.95	4.15	MC
<i>Broken Leaf, High Character And Strong, Good Full Bodied Taste</i>			
ENGLISH BREAKFAST (BLEND TEA)	3.95	4.15	MC
<i>Classic Blended Of Robust Black Teas</i>			
BARONESS GREY (EARL GREY TEA)	3.95	4.15	MC
<i>Earl Grey With A Touch of Citrus-Fragrant.</i>			
MOROCCAN MINT (FLAVORED TEA - GREEN TEA)	3.95	4.15	MC
<i>Green Tea & Mint, The Most Popular Green Tea Blend In The World.</i>			
PASSION BERRY	3.95	4.15	MC
<i>Black tea with passionfruit and rapsberry flavors, sprinkled with flowers. Not too tart, not too sweet.</i>			
CHAMOMILE LAVENDER	3.95	4.15	CF
<i>Blend of chamomille flowers and blue lavender.</i>			
HERBAL HERBS	3.95	4.15	CF
<i>Elixir Ginger Root, Orange Peel, Mint, Eucalyptus, Ginger / Orange Flavor.</i>			
BERRY BERRY (TISANES)	3.95	4.15	CF
<i>Black and red berries. grapes, sour cherry, hibiscus and flavor.</i>			



CBCG

Cafe by the Girls

MC: MEDIUM CAFFEINE
CF: CAFFEINE FREE