

460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment Sanitation Requirements. The time limit for correct	ion of each violation is specified	in the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Big Lindseys	() Establishment	5/19/2:	3 51418
Establishment address	() Owner	11/00	, 0, 7, 0
Franklin amphitheater	Purpose:	Follow-up Releas	se Pate
Owner	1. Routine	100 5	129/23
9	2. Follow-up	Summary of Violat	tions:
Owner address	3. Complaint	No So	ore /R
	4. Pre-Operational		
Person in charge	5. Temporary	CNC_	R
	6. HACCP	ag , in it en lay de	e de le la
Responsible person's email SenSafe	7. Other (list)	Menu Type (See)	back of page)
Exp:	mobile	requireing cooking	
Certified food handler Hantman 3/27/24		12\/3	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED BY THE	<i>'</i>	N THE NARRATIVE BELOW	AS "R"
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Establishment name	Telephone Number	Date of Inspection	ID#
CRUON CONCESSIONS	() Establishment		ID#
Establishment address	1	5/19/23	2544
FIRMKLEN AMPHITAKOATRO	() Owner		1 100
Owner	Purpose: 1. Routine	Follow-up Releas	129/23
		Summary of Violat	
Owner address	2. Follow-up	Summary of violat	ions.
Owner address	3. Complaint	NIS	
	4. Pre-Operational		
Person in charge RHONDA CALLON	5. Temporary	C NC	R
	6. HACCP	mg.d. ' o go to	a algabase
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler RIGNDA CAZLON SORUSAFE 1/35/27	(MOBILE)	123	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
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Office 317-346-4365 Fax 317-736-5264

Establishment Samtation Requirements. The time limit for corre	edon of each violation is specified	in the narrative portion of this report.			
Establishment name CHOMP 2 TRUCK	Telephone Number () Establishment	Date of Inspection ID# 5-119183 2043			
Establishment address FRMKUIN AMPHITHEATER	Purpose:	Follow-up Release Date S 29 33			
Owner Kerry Riddle	1. Routine 2. Follow-up	Summary of Violations:			
Owner address Person in charge RIJU	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	C_NC_R			
Responsible person's email Certified food handler KRRY Raddle EXP SERVISHER KRRY RADDLE EXP	7. Other (list)	Menu Type (See back of page)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"				
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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	-	R	SON SOLADINE	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint	1	
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Person in ch	arge	3	ASON SALADINE	5. Temporary 6. HACCP	CNC_	R
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Establishment name HILLBIELY HOT dogs #/	Telephone Number () Establishment	Date of Inspection ID#
Establishment address	() Owner	5/19/23
Owner FR BUSKLYOV AMPHITITIONER	Purpose:	Follow-up Release Date
TOSH BACK	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	b Me
WeIN'T BLACK	4. Pre-Operational	10/0
Person in charge Task BIRCK	5. Temporary6. HACCP	CNCR
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler JOSHUA BLACK (SERUS)	185 EXP)	12_345
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Office 317-346-4365 Fax 317-736-5264

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Establishme	Alma ot addres		ry Jauren	() Owner	3/19/23	3 M1935
30	rai	ik	lin amphitheater	Purpose:	/ ^	se Date
Owner			, ,	1. Routine		129/23
0 11				2. Follow-up	Summary of Viola	score
Owner addre	ess			3. Complaint	100.	score
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Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified	in the narrative portion of	of this report.
Establishment name LICK DY SUCK SIVOWBAZZ	Telephone Number () Establishment	Date of Inspection 5/19/23	ID#
Establishment address	() Owner		
Owner Owner	Purpose: . Routine	Follow-up Release	Date 8-3
- JAYME SWANBERG	2. Follow-up	Summary of Violation	ons:
Owner address	Complaint Pre-Operational	2//5	
Person in charge	5. Temporary	CNC	R
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Responsible	person's	email	ng in d	inta en	L s = -51 ms	State of	7. Other (list)		Menu Ty	pe (See b	ack of page)
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment and Country Coun	address Mellie ge Local Care rson's email	In amphitheater angel Sensafe	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Module	Follow-up Releas Summary of Violat CNC Menu Type (See b)	1D# 2434 29/23 ions:
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460 N. MORTON ST. STE A STE A

Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

- ['	nt name	IWL-	lion	Tolonh	one Number stablishment	Date of Inspection	ID#
Establishmer	Control of the last of the las	15	ERANKIA	170	wner	5/19/23	05 10
Owner	1100	2	4 - 4	1 (Power	ne)	Follow-up Releas	1001.0
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Owner addre	ess			3. Com	7.0		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name		per Japueria	Telephone Number () Establishment	Date of Inspection 5/19/23	ID#
Establishmer	ntaddres			() Owner	3/17/23	M 2596
TIM	MA	En	() mohit heater	Purpose:	Follow-up Release	se Date
Owner	7010			1. Routine	No 5	. / /
				2. Follow-up	Summary of Viola	
Owner addre	100				0/-	Caro
Owner addre	255			3. Complaint	100 -	16016
				4. Pre-Operational	No -	/ -
Person in ch	arge HH	to	Willoweal	5. Temporary 6. HACCP	CNC_	R
Responsible	person's	email	certifica:	7. Other (list) Dobile	Menu Type (See	back of page)
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• CRITICAL	ITEMS AI	RE ID	ENTIFIED IN THE CHECKLIST AND NARRA	TIVE COLUMNS MARKED "C"		
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Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address FRIKLIM AMPHATAPRE	() Establishment	5/19/23	5 2565
Establishment address	() Owner		
	Purpose:	Follow-up Release	se Date
Owner	1. Routine		-129 123
ORIENTAL COOKERY	2. Follow-up	Summary of Violat	tions:
Owner address	3. Complaint		^
	4. Pre-Operational	W/	7
Person in charge	5. Temporary	C	R
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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				4. Pre-Operational		/ /
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishmer Owner Owner addre	PS ant address WKL	s 100	TREASURES AMPHITHEATRE BLOSNAW SNAW	Telephone Number () Establishment () Owner Purpose: 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 5 19 23 2 577 Follow-up Release Date 5 2 9 3 3 Summary of Violations:	
• CRITICAL	d handle	er G	COSN AN 4115/26 ENTIFIED IN THE CHECKLIST AND NARRATIVE OF THE PROPERTY OF TH	7. Other (list) TE COLUMNS MARKED "C" THE "SUMMARY OF VIOLATIONS" AND ID	Menu Type (See b	_45
	C/NC	-		Narrative		To Be Corrected by
	1 19-13	110	NO VIOLATIONS O	BSERW	and the second second	TO VALUE OF THE SECOND
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Prisoner Control						Page 1 of

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.



460 N. MORTON ST. STE A STRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name	Telephone Number	Date of Inspection ID#
TASTY TRYS	() Establishment	5/19/23 1
Establishment address	() Owner	de
FRANKLIA AMPITATIO	Purpose:	Follow-up Release Date 5 29/23
Owner	1 Routine	
WADE	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	1
	4. Pre-Operational	N(5
Person in charge SHETLA WAD	5. Temporary	CNCR
	6. HACCP	M. T. (C. I. I. C. I.)
Responsible person's email	7. Other (list)	Menu Type (See back of page)
Certified food handler	2008 - 2002	1 (2)
DONTE BELLAMY SERVIS	A MOBILE)	1
	TIVE COLUMNS MARKED "C"	
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Section # C/NC R	Narrative WELS FOR HAVE	To Be Corrected by
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		<u> </u>
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Merla Wade	Toppost	200 J WIT 14
Received by (sign)time):	Inspect	3 Jan
cc: cc:	cc:	
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