



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 6-23-23
Receipt # 20520
Staff Initials RO

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 6/17/23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant Mandy Stephens

Establishment or organization J & M Sweet Shack

Establishment or organization address 1212 E 5th St

City, State and Zip 1212 E 5th St Greenfield IN 46140 Phone _____

Mobile Phone 317-401-1196 Email _____

Name of Certified Food Manager (provide copy of certificate) _____

Event Information

Name of Event Johnson City Fair Date of Event 7-16 - 7-22

Number of days of operation and times that food will be served 6

Address of Event Air Grounds

Event Coordinator Name and Phone Number _____

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source FAUC

Wastewater Disposal Site _____

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Deep fried OKPA'S Twinkies
Cookie Dough Shakeups

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Mandy Stephens Date 6/17/23



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 6-13-23
Receipt # 20904
Staff Initials RD

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 6/13/2023 State Retail Merchant ID# 01130295816-001 (provide copy)

Name of Applicant Ngan Le

Establishment or organization Jasmine Asian Fusion

Establishment or organization address 4920 N 200 W Columbus, IN 47201

City, State and Zip Columbus, IN 47201 Phone ~~812-341-9343~~ 812-341-9343

Mobile Phone 812-341-9343 Email huyohnganle@gmail.com

Name of Certified Food Manager (provide copy of certificate) Ngan Le

Event Information

Name of Event Johnson County Fair Date of Event 7/16/2023 - 7/22/2023

Number of days of operation and times that food will be served 7 days, 5pm-11:30pm

Address of Event Johnson County Fair

Event Coordinator Name and Phone Number _____

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source Fairgrounds

Wastewater Disposal Site Fairgrounds

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Sesame Chicken, pineapple smoothies, bubble tea, stir fry noodles, Japanese chicken

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature [Signature] Date 6-13-23



Johnson County Health Department
 460 N Morton St. Suite A
 Franklin, IN 46131
 Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-18-23
 Receipt # 20787
 Staff Initials RD

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7/18/23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant Brent Burton

Establishment or organization Jessop Candy

Establishment or organization address 8686 W. SR2374

City, State and Zip Shirley IN Phone 765-561-1663

Mobile Phone Same Email _____

Name of Certified Food Manager (provide copy of certificate) _____

Event Information

Name of Event Johnson Co Fair Date of Event 7/16/23 - 7/22/23

Number of days of operation and times that food will be served 7

Address of Event Fairgrounds

Event Coordinator Name and Phone Number _____

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building
 Type of Power Source: Will plug into source Generator None needed
 Type of Handwashing: Sink Thermos with spigot Urn Other _____
 Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____
 Water Supply Source city
 Wastewater Disposal Site sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Cotton Candy, Popcorn
Candy Apples, Drinks, Corned Corn, Fatty

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Brent Burton Date 7/18/23



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-18-23
Receipt # 20787
Staff Initials RO

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7/18/23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant Brent Bunker

Establishment or organization Jessop Candy

Establishment or organization address 8688 W. SR 234

City, State and Zip Shirley IN 47384 Phone 765-561-1663

Mobile Phone Same Email _____

Name of Certified Food Manager (provide copy of certificate) _____

Event Information

Name of Event Johnson Co. Fair Date of Event 7/16-7/22

Number of days of operation and times that food will be served 7

Address of Event Fairgrounds

Event Coordinator Name and Phone Number _____

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source city

Wastewater Disposal Site sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Elephant Ears
Funnel Cakes Lemonade

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Brent Bunker Date 7/18/23



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Beta
7/18

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name Hoveners Korner Ice Cream	Telephone Number () Establishment () Owner	Date of Inspection 7-18-23	ID# M
Establishment address J.C. Fair	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 7-18-23
Owner		Summary of Violations: C NC R	
Owner address		Menu Type (See back of page)	
Person in charge		1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
			NO Items are noted @ time of inspection	
			Note: test strips/paper is needed for 3 bay sanitizer solution.	

Received by (name and title printed): Madison Singleton	Inspected by (name and title printed): Cass Hall
Received by (signature): <i>Madison Singleton</i>	Inspected by (signature): <i>Cass Hall</i>
cc:	cc:



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Bekm
7/18*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Lickity Slick Snowballs</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7-17-23</i>	ID# <i>M2062</i>
Establishment address <i>J.C. Fair.</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>7-21-23</i>
Owner	Summary of Violations: <i>C</i> <input checked="" type="checkbox"/> <i>NC</i> <input checked="" type="checkbox"/> <i>R</i> <input type="checkbox"/>	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No items noted @ time of inspection</i>	
			<i>Note: Label old bulk food items</i>	

Received by (name and title printed): <i>Jayne Swanberg</i>	Inspected by (name and title printed): <i>Cass Hall</i>
Received by (signature): <i>Jayne Swanberg</i>	Inspected by (signature): <i>Cass Hall</i>
cc:	cc:



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

~~Pho...~~ Rootbeer

Date Paid 6-6-23
Receipt # 20326
Staff Initials RD

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application JUN 23 State Retail Merchant ID# _____ (provide copy)
Name of Applicant Brad McGrotha
Establishment or organization McGrotha Foods
Establishment or organization address 305 Charac Drive
City, State and Zip Thomasville, Ga. 31792 Phone 229-221-5399
Mobile Phone _____ Email mcgrothafoods@gmail.com
Name of Certified Food Manager (provide copy of certificate) Brad McGrotha

Event Information

Name of Event Johnson County Fair Date of Event Jul 16-22
Number of days of operation and times that food will be served 7 day 8-11p
Address of Event 280 Fairground St Franklin, IN 46131
Event Coordinator Name and Phone Number Jeri Thompson 317-738-3247

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building
Type of Power Source: Will plug into source Generator None needed
Type of Handwashing: Sink Thermos with spigot Urn Other _____
Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____
Water Supply Source direct
Wastewater Disposal Site sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Soda - rootbeer floats

List of items that will be prepared at other locations and brought to the event (items must be transported safely) None

Location where those items will be prepared and brought to the event Hopkins Food Service

Applicant Signature Brad McGrotha Date 1 Jun 23



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

~~P. Scott~~ Pincus

Date Paid 6-6-23
Receipt # 20326
Staff Initials RD

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application JUN 23 State Retail Merchant ID# _____ (provide copy)
Name of Applicant McGrotha Foods
Establishment or organization Brad McGrotha
Establishment or organization address 305 Charnie Drive
City, State and Zip Thomasville, Ga. 31792 Phone 229-221-5399
Mobile Phone _____ Email mcgrothafoods@gmail.com
Name of Certified Food Manager (provide copy of certificate) Brad McGrotha

Event Information

Name of Event Johnson County Fair Date of Event JUL 16-22
Number of days of operation and times that food will be served 7 days 8a-11pm
Address of Event 250 Fairground St. Franklin IN 46131
Event Coordinator Name and Phone Number Audrey Thompson 317-738-3247

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building
Type of Power Source: Will plug into source Generator None needed
Type of Handwashing: Sink Thermos with spigot Urn Other _____
Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____
Water Supply Source direct
Wastewater Disposal Site Sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Soda Pole Whip, Pole Tropical Drinks

List of items that will be prepared at other locations and brought to the event (items must be transported safely) None

Location where those items will be prepared and brought to the event Hopkins Food Service

Applicant Signature Brad McGrotha Date JUN 23

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

BRAD MCGROTHA

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI) Conference for Food Protection (CFP).

LAST CALL TRAINING



FOOD MANAGEMENT CERTIFICATION
Trainer: Dominic Cianciola
LastCallTraining.com
flfoodmanager@yahoo.com

813-892-2402



ACCREDITED PROGRAM
American National Standards Institute
and the Conference for Food Protection

#0655

CERTIFICATION NUMBER

17458335

2/8/2019

DATE OF EXPIRATION
Local laws apply. Check with your local health department for recertification requirements.

5410

EXAM FORM NUMBER

2/8/2024

DATE OF EXPIRATION

Sherman & Associates
Association Solutions



In accordance with Model Code of Official Sanitation

The ServSafe logo are trademarks of the NRAEF, National Restaurant Association® and the arc design

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org.



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 27059
Receipt # 7/17/23
Staff Initials JK took P

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7/17 State Retail Merchant ID# 307-82-9822 (provide copy)

Name of Applicant Karen Miller

Establishment or organization Miller Foods

Establishment or organization address 10815 Hwy 135 S.W.

City, State and Zip Marengo, IN 47142 Phone _____

Mobile Phone (812) 968-9458 Email _____

Name of Certified Food Manager (provide copy of certificate) Shawn Miller

Event Information

Name of Event Johnson County Fair Date of Event 16/22

Number of days of operation and times that food will be served 7

Address of Event _____

Event Coordinator Name and Phone Number Serry 317-716-7122

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building
Type of Power Source: Will plug into source Generator None needed
Type of Handwashing: Sink Thermos with spigot Urn Other _____
Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____
Water Supply Source City Water
Wastewater Disposal Site Sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Chicken Strips, Wozziet, Wings, Sandwich, Drinks

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Shawn Miller Date 7/17



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-17-23
Receipt # 20759
Staff Initials aw

took permit

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7-17-23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant KAREN Miller

Establishment or organization Miller Foods

Establishment or organization address 10815 Hwy 1135 SW

City, State and Zip MAUCKPORT, IN 47148 Phone 812-968-9458

Mobile Phone 812-968-9458 Email MillerFoods1@aol.com

Name of Certified Food Manager (provide copy of certificate) Shawn Miller

Event Information

Name of Event Johnson Co. Fair Date of Event 7-16-7-22-23

Number of days of operation and times that food will be served 7

Address of Event _____

Event Coordinator Name and Phone Number Jenny 317-716-7122

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source Public

Wastewater Disposal Site sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Lemonade Shake Ups, Orange & Lime Shake Ups

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Karen Miller Date 7-17-23



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-17-23
Receipt # 27059
Staff Initials gr
7-17-23

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7-17-23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant KAREN Miller

Establishment or organization Miller Foods

Establishment or organization address _____

City, State and Zip _____ Phone _____

Mobile Phone _____ Email _____

Name of Certified Food Manager (provide copy of certificate) Shawn Miller

Event Information

Name of Event Johnson Co Fair Date of Event 7-17-23

Number of days of operation and times that food will be served 1

Address of Event _____

Event Coordinator Name and Phone Number _____

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source _____

Wastewater Disposal Site _____

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Corn Dogs, Hot Dogs, Polish Italian Sausage, Hamburgers, Fries, Drinks

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Karen Miller Date 7-17-23



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-17-23
Receipt # 27059
Staff Initials gm

7-17-23

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7/17 State Retail Merchant ID# _____ (provide copy)

Name of Applicant Miller Food (Karen Miller)

Establishment or organization Miller Foods

Establishment or organization address _____

City, State and Zip _____ Phone _____

Mobile Phone _____ Email _____

Name of Certified Food Manager (provide copy of certificate) _____

Event Information

Name of Event Johnson Ct. Fair Date of Event 16/22

Number of days of operation and times that food will be served 7

Address of Event _____

Event Coordinator Name and Phone Number Serry

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building
Type of Power Source: Will plug into source Generator None needed
Type of Handwashing: Sink Thermos with spigot Urn Other _____
Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____
Water Supply Source City water
Wastewater Disposal Site Sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served IT. Beef, Philly Steak, Burgers, Fries, Drinks

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Shaw Miller Date 7/17



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-17-23
Receipt # 20759
Staff Initials SM
took

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7/17 State Retail Merchant ID# 309-82-9822 (provide copy)

Name of Applicant Miller Foods (KAREN Miller)

Establishment or organization Miller Foods

Establishment or organization address 10815 Hwy 135 S.W

City, State and Zip Mauckport, IN 47142 Phone (812) 968-9459

Mobile Phone _____ Email _____

Name of Certified Food Manager (provide copy of certificate) SHAWN Miller

Event Information

Name of Event Johnson County Fair Date of Event 16/22

Number of days of operation and times that food will be served 7

Address of Event _____

Event Coordinator Name and Phone Number Jerry 317-716-7122

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source City Water

Wastewater Disposal Site Sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Burger, Donut Burger
Drinks, Fries

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Shawn Miller Date 7/17/23



Johnson County Health Department

460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

7/19/23
Date Paid 20759
Receipt # gr
Staff Initials gr
fook

Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00.

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

Applicant Information

Date of Application 7-17-23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant KAREN Miller

Establishment or organization Miller Foods

Establishment or organization address 10815 Hwy 13554

City, State and Zip MAUCKPORT IN 47182 Phone 812 968-9459

Mobile Phone _____ Email MillerFoods1@aol.com

Name of Certified Food Manager (provide copy of certificate) Shawn Miller

Event Information

Name of Event Johnson Co. Fair Date of Event 7-16 - 7-22-23

Number of days of operation and times that food will be served 7

Address of Event _____

Event Coordinator Name and Phone Number Jerry 317-716-7122

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building

Type of Power Source: Will plug into source Generator None needed

Type of Handwashing: Sink Thermos with spigot Urn Other _____

Type of Dishwashing: 3 Compartment sink Tubs/Buckets Other _____

Water Supply Source public

Wastewater Disposal Site sewer

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Gyros, Salads, DRINKS

List of items that will be prepared at other locations and brought to the event (items must be transported safely) _____

Location where those items will be prepared and brought to the event _____

Applicant Signature Karen Miller Date 7-17-23



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Bulky
7/18*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name MY SUPER TAQUERIA	Telephone Number () Establishment () Owner	Date of Inspection 7/17/23	ID#
Establishment address Jo. Co. Fair	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) MOBILE	Follow-up yes	Release Date 7/29/23
Owner Roberto V		Summary of Violations: NC	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge Roberto V			
Responsible person's email			
Certified food handler Roberto FRANCISCO GARCIA 4/8/26 EXP LOPEZ SUPVISE			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
			* C HOOSE PREMIXED IN WARMER UNIT 85F-95F NOT 135F OR MORE NOT QUICK OILLED OR RAPIDLY REHEATED PRIOR PLACING IN WARMER UNIT	
			* BOX OF STYROFORM CUPS AND TRAYS NOT OFF GROUND	
			* NO TEMPORARY HANDSINK AVAILABLE IN FRONT PREPARATION AREA OUTSIDE	

Received by (name and title printed): Roberto Villanueva	Inspected by (name and title printed): Bob Smith / Kevin R. Lavin
Received by (signature):	Inspected by (signature):
cc:	cc:

