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 Initia	ls <u>ko</u>

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.

Fee is \$30.00. Application and fee must be submitted at least 48 hours prior to the intended date of operation. Applicant Information State Retail Merchant ID# Date of Application Establishment or organization Establishment or organization address Email Name of Certified Food Manager (provide copy of certificate) **Event Information** Number of days of operation and times that food will be served Event Coordinator Name and Phone Number \_ Facility Information (check one) Inside building Type of Structure: Trailer Tent Cart Type of Power Source: Will plug into source Generator None needed Type of Handwashing: Sink Thermos with spigot Urn Other Type of Dishwashing: 23 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 colle Drun 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



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

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

Owner address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email 7. Other (list)  Menu Type (See back of page)  Certified food handler
Owner  Owner  Owner address  Owner address  Owner address  Owner address  Owner address  Owner address  3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP Responsible person's email  Certified food handler
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4. Pre-Operational Person in charge MTN DY STOPHAS  5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  • 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"
Person in charge MINDY STOPHAS  6. HACCP 6. HACCP 7. Other (list)  Menu Type (See back of page)  • Certified food handler  • 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"
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#### 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 #	20404
Staff Initia	

**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 6/3/2003 State Retail Merchant ID# 01/30295810-001 (provide copy) Name of Applicant \_ Ngan Le Establishment or organization Jasmine Asian Fusion Establishment or organization address 4920 N 200 W Lolumbus, IN 47201 City, State and Zip Columbus, IN 47201 Phone 8237 812-341-9343 Mobile Phone 812 - 341 - 9343 Email Muyoh ngarte @ gmail. com Name of Certified Food Manager (provide copy of certificate) Name Name of Event Johnson County Fair Date of Event 7/16/2013 - 7/22/0013 Number of days of operation and times that food will be served + days, Spm-11:30pm Address of Event Johnson Condy 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 Fair grounds Wastewater Disposal Site Farrands Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served Sesane Chichen, propage smoothies bubble tea, Str fry modelles, Japanes Chiuse.

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 Date 6 - 13 - 23 **Applicant Signature** 

2/27/2019 4:51:00 PM2/27/2019



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

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

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Person in charge Le. H. TRVON9	5. Temporary 6. HACCP	C NC	b spulses
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishment address	( ) Owner	1-11.72	36569
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Person in charge	5. Temporary	C NC	R
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460 N Morton St. Suite A
Franklin, IN 46131
Phone 317-346-4365 Fax 317-736-5264

Date Paid	7-18-23
	20787
Staff Initia	Is 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.

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  $\frac{7/18/23}{2}$  State Retail Merchant ID# \_\_\_\_\_\_ (provide copy) Establishment or organization Jessop Condy Establishment or organization address 454 w . 5 R34 City, State and Zip Shirley Id Phone 765-561-1663 Mobile Phone Same Email \_\_\_\_\_ Name of Certified Food Manager (provide copy of certificate) Address of Event Fairgrounds Event Coordinator Name and Phone Number \_\_\_\_\_\_ Facility Information (check one) Tent Trailer Cart Inside building Type of Structure: 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 Lewer Wastewater Disposal Site \_\_\_\_\_ Food Product Information (home prepared foods are not allowed) Cotton Cundy, Ropcom country Apples, Printes, Coronel 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 1

460 N Morton St. Suite A Franklin, IN 46131 ■ Phone 317-346-4365 Fax 317-736-5264 Date Paid 7-18-23 Receipt # 20787

**Temporary Food Service Establishment Application for License** All permits are valid for 14 days or less, used for specific event listed, nonrefundable and nontransferrable. 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 Brut Bruter
Establishment or organization Jessop Cuncy
Establishment or organization address
City, State and Zip Shirley IN 17384 Phone 765-561-1663
Mobile PhoneEmail
Name of Certified Food Manager (provide copy of ce <b>rtificate)</b>
Name of Event
Number of days of operation and times that food will be served
Address of Event Foirgroun 15
Event Coordinator Name and Phone Number
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: Compartment sink Tubs/Buckets Other Water Supply Source Crity Wastewater Disposal Site
List all food and beverages that will be prepared and served Electrical Eurs  Funce (ales Lemonee
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 Box Box Date 7/8/22



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

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

Telephone Number   Date of Inspection   ID#			.auv.	racquirements. 1	de dine mine io	CONCCHO	n or each violation is spe		<u> </u>	or ans report.
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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

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

Establishment name  Commer  Owner  Owner address  Person in charge  Responsible person's email  Certified food handler  Certified food handler		Date of Inspection ID#  7/17/23 M2454  Follow-up Release Date  Summary of Violations:  C NC R  Menu Type (See back of page)  1 2 3 4 5		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO Section # C/NC R	Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by	
Received by (name and title printed):  Pancla Hilgeman  CC:  CC:	Cait	ted by (name and title printed HM PICHOV sted by (signature):	Page 1 of _	

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

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

Establishmer	nt name	-		Telephone Number	Date of Inspection	ID#	
	P VP	X	< horner larvan	Establishment	Date of Inspection	ID#	
Establishmer	10111	~0	3 1 Mill Math	( ) Owner	7-18-72	M	
10	E	-		Purpose:	Follow-up Release	e Date	
Owner	• •	-	XX	1. Routine	Tonow-up Inches	18-13	
				2. Follow-up	Summary of Violat	tions:	
Owner addre	ess			3. Complaint			
				4. Pre-Operational			
Person in ch	aroe	_		5. Temporary	C NG P		
Person in charge				6. HACCP	100		
Responsible	person's	emai	don, fonds is restricted to stude meal servi-	7. Other ( <i>list</i> )	Menu Type (See )	back of page)	
				and a sample of a	permon missing or	71-87	
Certified foo	d handle	r			123	45	
OR VIII -	******	nr		COLUMNIS ACTIVITY II CIII	/ \		
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Section #		-		Narrative		To Be Corrected by	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer Establishmer Owner	XX	-C-	Slick Snawballs	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up	Follow-up Releas Summary of Violat	600
Owner addre	nrge		e de la les especies en les Resil·li esta en la serelació de para les aux es do lingo estacto lo sugle medismo	<ol> <li>Complaint</li> <li>Pre-Operational</li> <li>Temporary</li> <li>HACCP</li> <li>Other (list)</li> </ol>	C NC NC Menu Type (See b	R
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Section #	C/NC	R	10 jxems no	Narrative  CLA O HWO		To Be Corrected by
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Received by	GUN (signature,	):	Swanberg Swanberg cc:	Inspecto cc:	by (signathref):	Page 1 of

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Document 1

#### Johnson County Health Department

460 N Morton St. Suite A Franklin, IN 46131 Phone 317-346-4365 Fax 317-736-5264 Date Paid 6-6-23Receipt # 30326Staff Initials

#### **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 State Retail Merchant ID# \_\_\_\_\_\_(provide copy) BIAD MEGrosha MEthrethe Foods Establishment or organization Establishment or organization address Occ. 31797 Phone \_\_\_\_\_Email we a rotha foods @ gma. (. com Name of Certified Food Manager (provide copy of certificate) Event Information Name of Event \_\_\_\_\_\_ Date of Event \_\_\_\_\_\_ Date of Event Number of days of operation and times that food will be served Facyground Str Franklin. Event Coordinator Name and Phone Number Facility Information (check one) Cart Trailer Tent Inside building Type of Structure: Type of Power Source: Will plug into source Generator None needed Type of Handwashing: Sink Thermos with spigot Urn Other Type of Dishwashing: 28 Compartment sink Tubs/Buckets Other diric 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\_\_\_\_ 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

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#### Johnson County Health Department

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

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

#### **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)

Name of Applicant METro the Foods
Establishment or organization Brad MEHro YV9
Establishment or organization address 305 Charace Drive
City, State and Zip Tusmasulle, 601. 31742 Phone 224-221-5399
Mobile Phone Email wegrotha foods@gmail-10m
Name of Certified Food Manager (provide copy of certificate) Brad WEHRE HIG
Name of Event _ Chusen (Ounty Fact Date of Event _ J (6-72
Number of days of operation and times that food will be served 7 days 89-11pm
Address of Event 250 Fairground St. Franklin 1W 46131
Event Coordinator Name and Phone Number Hwoler. Lowpson 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 difect
Wastewater Disposal Site
Food Product Information (home prepared foods are not allowed)
List all food and beverages that will be prepared and served Volve Will Volve
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 Hopkins Food
Applicant Signature Ry A HHA Date 101N23
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# ServSafe® CERTIFICATION

### **BRAD MCGROTHA**

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



813-892-2402



#0655

2/8/2019

DATE OF EXAM FORM NUMBER

2/8/2024

DATE OF EXPIRATION pcy for recertification requirements.



in accordance with Manager

west the ServSale logo are trademarks of the NRAEF. National Restaurant Association® and the arc design



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

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

Establishmer			. redament		20101 001100110	Telephone Number		Date of Inspection		
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Establishuher	it address	5	•			( ) Owner		ι ι		
						Purpose:	[]	Follow-up Release	e Date	
Owner						1. Routing	L			
						2. Follow-up	[5	Summary of Violati	ons:	
Owner addre	SS	•				3. Complaint				
						4. Pre-Operational	1			
Person in cha	rge		<del></del>			5. Temporary		$C \stackrel{\bigcirc}{\sim} NC \stackrel{\sim}{\sim} R$		
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Responsible	nercon <sup>l</sup> s (	email		· · · · · · · · · · · · · · · · · · ·		6. HACCP		Manus Toma (San la	sob of page)	
Kesponsible	person's (	ciliali				7. Other (list)		Menu Type (See b	ack oj pagej	
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						E "SUMMARY OF VIOLATIONS	" AND IN TE	HE NARRATIVE BELOW A	s "R"	
Section #						Narrative			To Be Corrected by	
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name  Mlywtha Goods  Establishment address		Date of Inspection ID#	
Establishment address			
Owner	Purpose:  1. Routine	Follow-up Release Date	
Owner address  Person in charge	6. HACCP	Summary of Violations:         C NC	
Responsible person's email	1		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND N     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENO		IN THE NARRATIVE BELOW AS "R"	
Section # C/NC R  Inside top nim Stilede  Note: Some and	The first has the first of the first of	To Be Corrected by	
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		Page 1 of	

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	
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**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 <u>48 hours</u> prior to the intended date of operation.
Applicant Information
Date of Application 7/17 State Retail Merchant ID# 367-82-9827 (provide copy)
Name of Applicant RATEW Miller
Establishment or organization Willer Foods
Establishment or organization address 10815 fluy 1355, W.
City, State and Zip Mouckport IV, 471 Aprone
Mobile Phone <u>\$12</u> 968-9458 Email
Name of Certified Food Manager (provide copy of certificate) SHAWW Miller
Name of Event Sohn Son County MAI) Date of Event 16/22
Number of days of operation and times that food will be served
Address of Event
Event Coordinator Name and Phone Number Serry 317-716-7122
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
List all food and beverages that will be prepared and served Chicken Strips, Nogget, 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 Shawio Miller Date 7/17

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

Date Paid 7-17	1-J3
Receipt # 207	159
Staff Initials	- Dern
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**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 2-12-3 State Retail Merchant ID# \_\_\_\_\_\_(provide copy) Name of Applicant BARFIN MILLE Establishment or organization Miller Food Establishment or organization address 10815 Whe VIBS Sta 168-9458 Email M. /lerFoods 1000/. com City, State and Zip MAUCLPORT, IN Name of Certified Food Manager (provide copy of certificate) Shawn Phler **Event Information** Name of Event Johnson Co. Fair Date of Event 2-16 - 7-22-23 Number of days of operation and times that food will be served Address of Event Event Coordinator Name and Phone Number Jerny 317-716-7188 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 Secon Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served Lemonade Shake Ups. Orange clime 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 Haren Pille

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 Initia	ls _
	7-17-2

#### **Temporary Food Service Establishment Application for License**

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and nontransferrable. 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 2 - 1238 State Retail Merchant ID# \_\_\_\_\_\_\_(provide copy) Name of Applicant KAREN MILLE. Establishment or organization Miller Loop. Establishment or organization address \_\_\_\_\_ City, State and Zip Phone Mobile Phone Email Name of Certified Food Manager (provide copy of certificate) Shawn Miller Name of Event Johnson Color Date of Event 7-17-23 Number of days of operation and times that food will be served 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 Coan 1695, Polishe Jahan Sausage Hamburgers Feies Dejick 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 Sam Melle Date 7-17-23

# 1

#### **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	
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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)

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plication and fee must be submitted at least 48 hours prior to the intended date of operation.
plicant Information
the of Application 1/17 State Retail Merchant ID# (provide copy)  The of Applicant Willer Food Karen Miller)
tablishment or organization M.Nev Foods
tablishment or organization address
ry, State and Zip Phone
obile PhoneEmail
me of Certified Food Manager (provide copy of certificate)
ent Information
ame of Event SONUSON Ct. LAIV Date of Event 16/22
umber of days of operation and times that food will be served
dress of Event
ent Coordinator Name and Phone Number Serry
cility Information (check one)  pe of Structure:
od Product Information (home prepared foods are not allowed) It all food and beverages that will be prepared and served IT. BEEL, DRILL STALL,  OUT ENS FORES, DEINES It of items that will be prepared at other locations and brought to the event (items must be transported fely)
cation where those items will be prepared and brought to the event
oplicant Signature 5 howe Million Date 7/17

# 1

#### **Johnson County Health Department**

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

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Staff Initials	
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#### **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
2001 (17 1/2)
Date of Application 7/17 State Retail Merchant ID# 309-82-9822 (provide copy)
Name of Applicant Miller Foods (KAREN Miller
Establishment or organization
Establishment or organization address 10815 Llwy 135 5.W
City, State and Zip Mauck port, IN. 47147 Phone 812) 968-9459
Mobile Phone Email
Name of Certified Food Manager (provide copy of certificate) SHAWW M. Iler
Event Information
Name of Event
Number of days of operation and times that food will be served
Address of Event
Event Coordinator Name and Phone Number Servi 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: 23 Compartment sink  Tubs/Buckets Other
Water Supply Source City Winter
Wastewater Disposal Site Sewer
Food Product Information (home prepared foods are not allowed)
List all food and beverages that will be prepared and served Durger Donul 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 5\ 0117 - Maill 14 Pate 7/17/23

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

	7/19/23
Date Paid	20759
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**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 <u>48 hours</u> prior to the intended date of operation. <u>Applicant Information</u>

Applicant Information
Date of Application 2-12-28 State Retail Merchant ID#(provide copy)
Name of Applicant KAREN Miller
Establishment or organization Miller Foods
Establishment or organization address 10815 Wwy 13554
City, State and Zip MAUCLDORT IN Phone 812 968 -9459
Mobile PhoneEmail Miller Foods 10 aol. Com
Name of Certified Food Manager (provide copy of certificate) Shawn Miller
Name of Event Johnson Co. Fair Date of Event 7-16-7-82-2
Number of days of operation and times that food will be served
Address of Event
Event Coordinator Name and Phone Number Jenny 317-716-7122
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: Compartment sink Tubs/Buckets Other Water Supply Source Dishosal Site Cart Inside building Tent Cart Inside building Tone Cart Inside
List all food and beverages that will be prepared and served 6 yros 59 / ads
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 How Date 7-17-23



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

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

Establishment name	Lot non porenually hazardous foot	Telephone Number	Date of Inspection	ID#	
anitie	en Foods GYROS	( ) Establishment	7/17/2		
Establishment addre		( ) Owner	1/1/100	2	
50 - Co.	HIZE	Purpose:	Follow-up Releas	se Date	
Owner	C	1. Routine		1121103	
KAC	ren millen	2. Follow-up	Summary of Viola	tions:	
Owner address		3. Complaint	11.		
		4. Pre-Operational	W 65		
Person in charge	cooled as a speed to order. Revil tood of	5. Temporary	CNCR		
CAI	N RUSSELL	6. HACCP	in the scate of Jupic	T. Different S	
Responsible person's	email sugaraturita e se se seboot	7. Other (list)	Menu Type (See	back of page)	
	the franchisection of the factor		requireing cooling	essessori	
Certified food handle	RUSSAL (SERBAPE)	(MOBILE)	123	45	
	RE IDENTIFIED IN THE CHECKLIST AND NARR	ATIVE COLUMNS MARKED "C"			
	TED FROM PREVIOUS INSPECTIONS ARE DENOTED I		IN THE NARRATIVE BELOW	AS "R"	
Section # C/NC	R	Narrative		To Be Corrected by	
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#### 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	tion of each violation is specifie	d in the narrative portion	n of this report.
stablishment name	Telephone Number	Date of Inspection	ID#
stablishment address	( ) Establishment ( ) Owner	17/17/23	temp
Loco Fair	Purpose:	Follow-up Release	se Date
Italian Palish Sausage	1. Routine	Summary of Viola	tions
Owner address	2. Follow-up 3. Complaint	Summary of Viola	tions.
	4. Pre-Operational		7
erson in charge	5. Temporary	C NO	)_R
Lesponsible person's email	6. HACCP 7. Other (list)	Menu Type (See	hack of page)
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Certified food handler		133	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO Section # $\ C/NC\ R\ $	Narrative	IN THE NARRATIVE BELOW	To Be Corrected by
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment Sanitation Requirements. The time limit for correction	on of each violation is specified	in the narrative portion	of this report.
Establishment name LAMON Shale OPS (Miller Food)  Establishment address Owner  Owner  Owner address  Person in charge  Responsible person's email  Certified food handler	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Date of Inspection  7/17/23  Follow-up Release 7/17  Summary of Violation  C NC  Menu Type (See b	ons:
		1	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section # C/NC R	Narrative		To Be Corrected by
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

•		<u></u>		
Establishment name MTLLER FOODS DUNNT BURS	Telephone Number	Date of Inspection	ID#	
Establishment address	( ) Owner	7/18/23		
Jo. G. FRIR	Purpose:	Follow-up Release	Date /	
Owner	1. Routine	-17/	- 7/A/23	
MILLER	2. Follow-up	Summary of Violatio	ns:	
Owner address	3. Complaint	1 11-		
	4. Pre-Operational	W(2	_	
Person in charge ANNUTTE REAS	5. Temporary 6. HACCP	CNC	K	
Responsible person's email	7. Other (list)	Menu Type (See ba	ck of page)	
•			71 37	
Certified food handler  NTKO NTLOR	MOBIZO	12\$	45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	· · · · · · · · · · · · · · · · · · ·			
	Narrative		To Be Corrected by	
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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

Page 1 of

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. Telephone Number Date of Inspection ID# Establishment name ) Establishment ) Owner Purpose: 1. Routine Summary of Violations: 2. Follow-up 3. Complaint Owner address 4. Pre-Operational 5. Temporary Person in charge 6. HACCP Menu Type (See back of page) 7. Other (list) 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" To Be Corrected by Narrative Section # C/NC R stand no cooler dor ansled W( aspected by (name and title printed): Received by (name and title pfinted) Received by (signature):



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

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

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Establishment name	2 TAGUERIA	Telephone Number  ( ) Establishment	Date of Inspection	ID#	
Establishment address		( ) Owner	7/17/23		
50. Co	HIR	Purpose:	Follow-up Release,	Date	
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Rubert	$\triangleright$ $\bigvee$	2. Follow-up	Summary of Violatio	ns:	
Owner address	,	3. Complaint			
	,	4. Pre-Operational	NIS		
Person in sharge	/	5. Temporary	CNCR		
Ruberro	V	6. HACCP			
Responsible person's email		7. Other (list)	Menu Type (See back of page)		
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

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Establishment name— COUNDOS			Telephone Numbe  ( ) Establishme		Date of Inspection	ID#				
Establishmer	nt address	6	<u>.</u>	3		( ) Owner		710112		
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						3. Follow-up		Summary of Violation	ons:	
Owner addre	ess			-		3. Complaint				
						4. Pre-Operationa	al	A 0	$\widehat{\sim}$	
Person in cha	arge					5. Temporary		$C \bigcirc NC \bigcirc R \bigcirc$		
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Certified foo	d handle	r	Ξ.	<del></del>		(		12\\( \)_3	_45	
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