

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

Page 1 of

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Establishment address				() Owner	2/17/23	1417	
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Owner addre	ess			3. Complaint			
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Section #	C/NC			Narrative		To Be Corrected by	
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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 7-17-23 Receipt # Staff Initials

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 <u>48 hours</u> prior to the intended date of operation. <u>Applicant Information</u>
Date of Application 7/17/23 State Retail Merchant ID#(provide copy)
Name of Applicant ELEPhon FAR EGK INC
Establishment or organization ECEPNGOT FAR
Establishment or organization address ROBINSON 14854 FRANK MYERS RD
City, State and Zip 765 541-0342 Phone CAMBRIDGE CITY IN 47327
Mobile Phone Email
Name of Certified Food Manager (provide copy of certificate)
Event Information Name of Event
Number of days of operation and times that food will be served
Address of Event Fair Grounds
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: 3 Compartment sink Tubs/Buckets Other Water Supply Source Wastewater Disposal Site
Food Product Information (home prepared foods are not allowed) ELEPHONT EARS
List all food and beverages that will be prepared and served ECP NONT ENFS
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 Kelly Rolomber 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 #	C	7	طما
Staff Initials _	9	} ~	
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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 nontransferrable. The undersigned agrees to operate under the retail food establishment sanitation mpany

requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, co 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 73 State Retail Merchant ID#(provide copy)
Name of Applicant
Name of Applicant
Establishment or organization address N
City, State and Zip 14854 FRANK MYERS RD Phone
7 3 2 7 Mobile Phone Email
Name of Certified Food Manager (provide copy of certificate)
Event Information
Name of Event Date of Event
Number of days of operation and times that food will be served
Address of Event
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 Wastewater Disposal Site
Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served +Vnnl Cake
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 Kolly Rolemon Date 7/17/23

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

Document1



REGISTERED RETAIL MERCHANT CERTIFICATE

INDIANA DEPARTMENT OF REVENUE 100 N SENATE AVE INDIANAPOLIS IN 46204-2253 (317) 232-2240

EGK INCORPORATED 14854 FRANK MYERS RD CAMBRIDGE CITY IN 47327-9437

IS AUTHORIZED TO COLLECT INDIANA RETAIL SALES TAX AT THE ADDRESS ABOVE IF DIFFERENT FROM BELOW.

FEIN

35-1765094

LOC ID

0101403496-001

ISSUED

August 02, 2022

EXPIRES

August 31, 2024

THIS LICENSE:

IS NOT TRANSFERRABLE TO ANY OTHER PERSON.

IS NOT SUBJECT TO REBATE.

IS VOID IF ALTERED.



EGK INC EGK INCORPORATED 14854 FRANK MYERS RD CAMBRIDGE CITY IN 47327-9437 Robert & Grenner J.

COMMISSIONER

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN

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

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

Page 1 of

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Establishment name FUNNC2 CARO						Telephone Number	1 7 1	ID#
Establishment address						() Establishmer () Owner	" 7/18/2	7
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Owner addre	ss					3. Complaint	, wis	
						4. Pre-Operational	· .	
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Responsible j	person's	email				7. Other (list)	Menu Type (See	back of page)
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Office 317-346-4365 Fax 317-736-5264

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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 6-19-23
Receipt # 20463
Staff Initials RN

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.

Applicant Information Applicant Information
Date of Application 6-13-201 (provide copy)
Name of Applicant Marcy Laughlin
Establishment or organization MBL Concessions LLC March
Establishment or organization address 5166 Olive Branch Road
City, State and Zip Green 3002, In. 46143 Phone 317-443-7105
Mobile Phone 317-443-7105 Email mblconcussions@ychos.com
Name of Certified Food Manager (provide copy of certificate) Marky Laughlin
Name of Event Annon Co Fair Date of Event 7 16-7-22 2023
Number of days of operation and times that food will be served
Address of Event 250 Farground Street Franklin, In 46131
Event Coordinator Name and Phone Number Jei Thompson 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: Scompartment sink Tubs/Buckets Other Water Supply Source Cary water Wastewater Disposal Site Flying
List all food and house that will be prepared and served. Free Disconsin Cocciole, Battle wet Lenon shake ups, Fountain Cocciole, Battle wet will be prepared at other locations and brought to the event (items must be transported safely)
ocation where those items will be prepared and brought to the event
Applicant Signature



Name: MARY LAUGHLIN

Servsafe CERTIFICATION

| Panss| 1|22|2019

Servsafe

Cerlificate # 17372635



Expires 4/25/2027

Name: BRIAN LAUGHLIN

Servsafe CERTIFICATION

Issued 4/25/2022

Certificate # 22026537

Servsafe



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

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

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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 7-5-23
Receipt # 20619
Staff 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 6-2-33 State Retail Merchant ID# _(provide copy) Establishment or organization CO Establishment or organization address 1041 Name of Certified Food Manager (provide copy of certificate Johnson County Fair Date of Event 67-16-23 2023 Event Coordinator Name and Phone Number Facility Information (check one) Inside building Cart Type of Structure: **U**frailer Tent Type of Power Source: Will plug into source Generator
Type of Handwashing: Sink Thermos with spigot Urn
Type of Dishwashing: Compartment sink Tubs/Buckets Other
Water Supply Source Wastewater Disposal Site large holding tank Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served Dizzas, bradsticks Pre-Location where those items will be prepared and brought to the event Uns Applicant Signature / 0

Document1

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



ServSafe CERTIFICATION

STEVE SZOSTEK

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

7/11/2022

DATE OF EXA Local laws apply. Che

EXAM FORM NUMBER

7/11/2027

DATE OF EXPIRATION



Contact us with questions of 233 S. Wacher Drive, Suite 3600, Chicago, E. 60605-6383 or Servicehol

State of Indiana Office of the Secretary of State

Certificate of Organization of SMOKE STACK PIZZA SHACK LLC

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, October 01, 2021.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 01, 2021.

HOLLI SULLIVAN SECRETARY OF STATE

202110011531045 / 9170744

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch



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

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

Establishmer	nt nama			Telephone Number	Date of Inspection ID#
Cham (2-17/1	/	Azza Shack	() Establishment	Date of Inspection ID#
Establishmen	nt address	5	TOOK STILL	() Owner	11/14/23
				Purpose:	Follow-up Release Date
Owner				1. Routine	2 onow-up Inchease Date
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishmer Owner Owner addre	ess arge person's	S F	MAJANA CON The second of the s	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Date of Inspection ID# 7-17-23 M2594 Follow-up Release Date 7-27-23 Summary of Violations: C NC R Menu Type (See back of page)		
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Section #	C/NC	R		Narrative		To Be Corrected by	
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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 7/17/23
Date Pald 1/1/20
Receipt # 20755
Staff Initials
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 <u>48 hours</u> prior to the intended date of operation. Applicant Information

Date of Application 7/17/23 State Retail Merchant ID# 30884-7558 (provide copy)
Name of Applicant JASON SOLADINE
Establishment or organization SOLADINE CONCOSSIONS
Establishment or organization address 10 881 N- VISTA RIDGE LIV
City, State and Zip MOORESVILLE IN 46158 317-496-8454
Mobile PhoneEmail
Name of Certified Food Manager (provide copy of certificate)
Event Information Name of Event John, G, Fair Date of Event 7/16 - 7/22
Number of days of operation and times that food will be served 7days 3pm 11pm
Address of Event Johnson Co Fair Grounds, Franklin, In
Event Coordinator Name and Phone Number
Facility Information (check one) Type of Structure:
Food Draduct Information (home proposed foods are not allowed)
List of items that will be prepared at other locations and brought to the event (items must be transported
List of items that will be prepared at other locations and brought to the event (items must be transported
safely) on sote only
Location where those items will be prepared and brought to the event
Location where those items will be prepared and brought to the event
Applicant Signature
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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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Establishme	nt address	3	GYR	& TRAN	ER () Owner	7/11/25		
Owner						Purpose: 1. Routine	Follow-up Rele	ase Date	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishme	nt name		1	sbinsart yligi	non-potent	tra neumano	Telephone Number	Date of Inspection	iD#		
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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	7-10-23
	20667
Staff Initia	Is PN

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 (2-26-23state Retail Merchant ID# (provide copy) Name of Applicant PAUDING Establishment or organization Establishment or organization address City, State and Zip Mobile Phone Name of Certified Food Manager (provide copy of certificate) _ **Event Information** 14-H PAIL Date of Event 7-17 Name of Event JOHNSON Number of days of operation and times that food will be served in Devis Address of Event 250 FRIRGROUND ST. TRANCUN IN Event Coordinator Name and Phone Number JOHNSON COUNTY 4-H FAIR COMMITTEE Facility Information (check one) Trailer Tent 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 WOORL SOUDCE AND HOUDING PANK Wastewater Disposal Site (MAC DISPOSING STCE AND HOLDING CANE Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served Plank List of items that will be prepared at other locations and brought to the event (items must be transported safely) N/A Location where those items will be prepared and brought to the event **Applicant Signature** 2/27/2019 4:51:00 PM2/27/2019 Document1



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

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

Establishment name SPANLATIVE CONCESSION PFZZA Establishment address JO. CO. FAIR Owner SPANLATIVE Owner address	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint	Date of Inspection 7/8/23 Follow-up Release Summary of Violati	1D# Date 28/23
Person in charge JUHNNTH SPAULITYG Responsible person's email Certified food handler KLLLY SPAULITYG SPRUSAFO • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV	4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See b	ack of page)
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R NV JTYMS NOT	Narrative	N THE NARRATIVE BELOW A	To Be Corrected by
Received by (name and title printed): Johnnie Spaulding Received by (signature): Johnnie Spaulding cc: CC:	Service and Law Service	seed by (name and title printed) B SmFTH K ged by (signature)	Page 1 of

Johnson County Health Department

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

Date Paid	7-13-23
Receipt #	20725
Staff Initia	Is RO

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(provide copy)
Name of Applicant Sheila Wade
establishment or organization Tasty Tays BBD
stablishment or organization address 8950 E. 10th Street; Indianapolis, IN 46219
City, State and Zip Indianapolis, TN 46219 Phone 317-868-0485
Mobile Phone 317-513-7929 Email taskytays 317 & gmil.com
Name of Certified Food Manager (provide copy of certificate) <u>Donte Bellamy</u>
Name of Event Johnson County Fair Date of Event 7-16-23 Hnu 7-22-23
Number of days of operation and times that food will be served 7 days 1/a - 1/p
Address of Event 250 Fairground Street Franklin, IN
event Coordinator Name and Phone Number <u>Jeri Thompson</u>
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 Turn Other Type of Dishwashing: Tubs/Buckets Other Water Supply Source Tokuson County Fair grounds
ist all food and beverages that will be prepared and served Brisket, pulled porte, RIB TIPS, Chicken, Mac & Cheese List of items that will be prepared at other locations and brought to the event (items must be transported safely) Mac 3 Cheese
ocation where those items will be prepared and brought to the event 8950 E. 1044 Street Indianapolis, TN 46219
Applicant Signature Sheelin Wasle Date 7/10/23

State of Indiana Office of the Secretary of State

Certificate of Organization of

TASTY TAYS BBQ LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, June 24, 2020.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 24, 2020.

Courie Famon

CONNIE LAWSON SECRETARY OF STATE

202006241400570 / 8636056

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch

REGISTERED RETAIL MERCHANT CERTIFICATE

INDIANA DEPARTMENT OF REVENUE 100 N SENATE AVE 100 N SENATE AND INDIANAIGNI 1025-SES (TIE)



March 31, 2025 EXLIBES March 10, 2023 ISSUED 100-5990781410 TOC ID 6588191-58 **FEIN**

COMMISSIONER

IS AUTHORIZED TO COLLECT INDIANA RETAIL SALES TAX AT THE ADDRESS ABOVE IF DIFFERENT FROM BELOW.

THIS LICENSE: IS NOT TRANSFERRABLE TO ANY OTHER PERSON. IS NOT BUBJECT TO REBATE. IS VOID IF ALTERED.

| TECTOR | COLUMN | C

2852 MINOCQUA PL INDIANAPOLIS IN 46203-4681 TASTY TAYS BBQ LLC

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN

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NextLevel



ServSafe CERTIFICATION

DONTE BELLAMY

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).

21888929

CERTIFICATE NUMBER

EXAM FORM NUMBER 10776

3/23/2027

3/23/2022

DATE OF EXAMINATION Local regulation recentification requirements.



ACCREDITED PROGRAM.
American Reformal Standards Tourbale
and the Conference for Food Protection

Sherman Brown Executive Vice Fresident, National Restaurant Association Solutions

In occosione with Mariner Edder Convention 2006, Respinsed ADM N 0.68 2013 Pagalates 3.2, Sendant N.3.9.

The Conference of the NAME. National Restaurch Association (NAME). All rights reserved. Sendantial or an exchange of the NAME. National Restaurch Associations and the are chaign. This decorated sensional Association.

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







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			of this report.	
Establishment name	Telephone Number	Date of Inspection	ID#	
CYMT PICHT	() Establishment	7/17/27		
Establishment address	() Owner			
Jo. Co. FAIR	Purpose:	Follow-up Release	Date / R2	
Owner	1. Routine	7/0	× /1 ° 0	
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Owner address	3. Complaint	(t		
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Person in charge	5. Temporary	C_NC_R_		
Donre Bellamy	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
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