



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

Betsy
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 <u>Oriental Cookery</u>	Telephone Number () Establishment () Owner	Date of Inspection <u>7/17/23</u>	ID# <u>2565</u>
Establishment address	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: <u>C 0 NC 2 R</u>	
Owner address		Menu Type (See back of page)	
Person in charge		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
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
<u>324</u>	<u>NC</u>		<u>three bay sink water temp at 95°F</u>	
<u>190</u>	<u>NC</u>		<u>roman noodle at 137°F with out a lid.</u>	

Received by (name and title printed): <u>JENNY CRAWLEY</u>	Inspected by (name and title printed): <u>Raul Bello (Andrew Miller)</u>
Received by (signature): 	Inspected by (signature):
cc:	cc:



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*Betsy
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>R&D Concessions.</i>	Telephone Number <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	Date of Inspection <i>2/17/23</i>	ID# <i>1417</i>
Establishment address	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)		Follow-up Release Date
Owner	Summary of Violations: C <u>1</u> NC <u> </u> R <u> </u>		
Owner address	Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
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>187</i>	<i>C</i>		<i>Corn dog is at 45°F Hot dog is at 43°F</i>	
<i>NOTE: Inside bottom of refrigerator door is not sealed</i>				

Received by (name and title printed): <i>Diane Heitman</i>	Inspected by (name and title printed): <i>Paul Betiku / Andrew Noller</i>
Received by (signature):	Inspected by (signature):
cc:	cc:



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 # 20766
 Staff Initials JR
#1001

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 ~~ELEPHANT EAR~~ EGK INC

Establishment or organization ELEPHANT EAR

Establishment or organization address ROBINSON

City, State and Zip 765 541-0342 Phone 14854 FRANK MYERS RD
CAMBRIDGE CITY IN 47327

Mobile Phone _____ Email _____

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

Event Information

Name of Event 4H Fair Date of Event 7/16/23 - 7/22/23

Number of days of operation and times that food will be served 7 5:00

Address of Event Fair 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 TOWN
 Wastewater Disposal Site TOWN

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served ELEPHANT EARS
POP

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 Robinson 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 # 20766
 Staff Initials JK
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 7/17/23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant _____

Establishment or organization funnel cake

Establishment or organization address _____

City, State and Zip ROBINSON 14854 FRANK MYERS RD Phone _____
CAMBRIDGE CITY IN 7327

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 _____

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 funnel 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 Kelly Robinson Date 7/17/23



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

FEIN 35-1765094
LOC ID 0101403496-001
ISSUED August 02, 2022
EXPIRES August 31, 2024

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 SUBJECT TO REBATE.
IS VOID IF ALTERED.



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

COMMISSIONER

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN

----- (Cut or Fold Here) -----



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FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Bekah
7/19*

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 FUNNY2 CARZ		Telephone Number () Establishment () Owner		Date of Inspection 7/18/23		ID#	
Establishment address 50. Co. Fair		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)		Follow-up —		Release Date 7/28/23	
Owner KELLY ROBINSON				Summary of Violations: WLS C <u>NC</u> R			
Owner address							
Person in charge CASSIE HENDRISON				Menu Type (See back of page) 1 <u>2</u> <u>3</u> 4 5			
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
			CINNAMON SUGAR CONTAINER NOT LABELED	
		(R)	BULK CONTAINERS OF SUGAR MIX, flour not labeled	

Received by (name and title printed): Cassie Hendrison		Inspected by (name and title printed): Bob Smith / K PAVLEN	
Received by (signature): <i>Cassie Hendrison</i>		Inspected by (signature): <i>Bob Smith / K PAVLEN</i>	
cc:	cc:	cc:	cc:



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Betty
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 Elephant Ears	Telephone Number () Establishment () Owner	Date of Inspection 7-18-23	ID# temp.
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 7-28-23
Owner		Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
			No items noted @ time of inspection	

Received by (name and title printed): Kelly Robinson	Inspected by (name and title printed): Cassi Hall
Received by (signature): <i>Kelly Robinson</i>	Inspected by (signature): <i>Cassi 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

Date Paid 6-19-23
Receipt # 20463
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 Date Retail Merchant ID# 0164319077-001 (provide copy)

Name of Applicant Mary Laughlin

Establishment or organization MBL Concessions LLC / The Local Cheese Co.

Establishment or organization address 5166 Olive Branch Road

City, State and Zip Greenwood, In. 46143 Phone 317-443-7105

Mobile Phone 317-443-7105 Email mblconcessions@yahoo.com

Name of Certified Food Manager (provide copy of certificate) Mary Laughlin
or Brian Laughlin

Event Information

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

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

Address of Event 250 Fairground Street Franklin, In 46131

Event Coordinator Name and Phone Number Jeri Thompson 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 Flying J

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Fried Wisconsin Cheese Curds, Lemon shake ups, Fountain Coca Cola, Bottled water

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 N/A

Applicant Signature [Signature] Date 6-13-2023

 ANSI

Expires 1/22/2024


Name: MARY LAUGHLIN

ServSafe
CERTIFICATION

 ServSafe

Certificate # 17372635


Issued 1/22/2019

 ANSI

Expires 4/25/2027

Name: BRIAN LAUGHLIN

ServSafe
CERTIFICATION

 ServSafe

Certificate # 22026537

Issued 4/25/2022



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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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*Betsy
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>The Royal Cheese Co.</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7-17-23</i>	ID# <i>TRMP</i>
Establishment address <i>J.C. Fair</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>7-27-23</i>
Owner		Summary of Violations: <i>C</i> <i>NO</i> <i>R</i>	
Owner address		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in charge			
Responsible person's email			
Certified food handler <i>Mary Laughlin (exp. 1/22/24)</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No items noted @ time of inspection.</i>	
			<i>Note: sanitizer solution should be 50 to 100 ppm.</i>	
			<i>Note: keep adding 1lb to butter milk mix throughout day</i>	

Received by (name and title printed): <i>Mary F Laughlin</i>	Inspected by (name and title printed): <i>Cassi Hall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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 RV

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 6-2-23 State Retail Merchant ID# _____ (provide copy)
 Name of Applicant Smoke Stack Pizza Shack
 Establishment or organization mobile Food truck
 Establishment or organization address 10411 N 1000 W
 City, State and Zip Demotte, IN 46310 Phone 219 713-6926
 Mobile Phone _____ Email SmokeStackPizzaShack@gmail.com
 Name of Certified Food Manager (provide copy of certificate) Steve Szostek

Event Information

Name of Event Johnson County Fair Date of Event 6-7-16-23 2023
 Number of days of operation and times that food will be served 8 days 11A-10P
 Address of Event 250 Fairgrounds St Franklin, IN 46131
 Event Coordinator Name and Phone Number Jeri 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 Fair grounds
 Wastewater Disposal Site large holding tank Dumped at Approved Source

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Pizzas, breadsticks, pretzels, Carondegs, fried pickles, mushrooms, popcorn, chicken, Gyro, pita, Shake ups, Soda
 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 On site

Applicant Signature [Signature] Date 6-2-23

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

STEVE SZOSTEK

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).

22359951

CERTIFICATE NUMBER

10780

EXAM FORM NUMBER

7/11/2022

DATE OF EXAMINATION

7/11/2027

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



Sherman Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with ANSI Accredited Program Standard ANSIS-0655-2013, ServSafe® is an Accredited Program of the American National Standards Institute (ANSI) and the Conference for Food Protection (CFP). ServSafe® and the ServSafe logo are trademarks of the NRAAF, National Restaurant Association® and the arc design are trademarks of the National Restaurant Association.

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

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.

A handwritten signature in cursive script that reads "Holli Sullivan".

HOLLI SULLIVAN
SECRETARY OF STATE

202110011531045 / 9170744

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



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INSPECTION REPORT**

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*Becky
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>Smokestack Pizza Shack</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/14/23</i>	ID#
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Steve Sz. Ostick</i>		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
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>Cooler w/ most product is 53°F - 56°F - Food was not correct temp * Follow up needed *</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Jaycie Paul</i>
Received by (signature):	Inspected by (signature): <i>Wayne Miller</i>
cc:	cc:



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

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

*Bellevue
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>Spawie Indiana</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7-17-23</i>	ID# <i>M2594</i>
Establishment address <i>J.C Fair</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>7-27-23</i>
Owner		Summary of Violations: <i>C</i> <i>NC</i> <i>R</i>	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
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 item noted @ time of inspection</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Cass Hall</i>
Received by (signature): <i>Lori Matthew</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

Date Paid 7/17/23
Receipt # 20755
Staff Initials gm
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# 30884-2558 (provide copy)

Name of Applicant JASON SOLADINE

Establishment or organization SOLADINE CONCESSIONS

Establishment or organization address 10881 N. VISTA RIDGE LN

City, State and Zip MOORESVILLE IN 46158 Phone 317-496-8454

Mobile Phone - Email jsoladine@gmail.com

Name of Certified Food Manager (provide copy of certificate) JASON SOLADINE

Event Information

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

Number of days of operation and times that food will be served 7 days 3pm - 11pm

Address of Event Johnson Co Fair Grounds, Franklin, IN

Event Coordinator Name and Phone Number Jerry (JCF board)

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 city

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served quesadilla Gyros Phillys Nacho Lemonade

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

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

Applicant Signature [Signature] Date 7/17/23



JOHNSON COUNTY HEALTH DEPARTMENT
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Beky
 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>SOLAIDE CONCESSIONS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/17/23</i>	ID# <i>5</i>
Establishment address <i>GYRO TRAMER</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations: <i>NS</i>	
Owner address		C <u> </u> NC <u> </u> R <u> </u>	
Person in charge <i>JASON SOLADINE</i>		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>JASON SOLADINE Exp. 3/20/27</i>			

- 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 to report</i>	

Received by (name and title printed): <i>JASON SOLADINE</i>	Inspected by (name and title printed): <i>Kevin R. Young / EAS</i>
Received by (signature): <i>Jason Soladine</i>	Inspected by (signature): <i>Kevin R. Young</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

*Bellem
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>SOLADINO CONCESSIONS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/17/23</i>	ID# —
Establishment address <i>EATZU</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date —
Owner <i>JASON SOLADINO</i>		Summary of Violations: <i>NS</i> C — NC — R —	
Owner address		Menu Type (See back of page)	
Person in charge		1 — 2 — 3 — 4 — 5 —	
Responsible person's email			
Certified food handler <i>JASON SOLADINO 3/21/27</i>			

• 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 to report</i>	

Received by (name and title printed): <i>X JASON SOLADINO</i>	Inspected by (name and title printed): <i>KEVIN B PAUL / JCS</i>
Received by (signature): <i>X Jason Soladino</i>	Inspected by (signature): <i>K.B. Paul</i>
cc:	cc:



Johnson County Health Department

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

30

Date Paid 7-10-23
Receipt # 20667
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 10-26-23 State Retail Merchant ID# _____ (provide copy)

Name of Applicant SPAULDING CONCESSIONS/PIZZA

Establishment or organization ~~DOE JACK MURPHY~~

Establishment or organization address 4316 S. LEGANTO HWY

City, State and Zip LEGANTO, FL 33461 Phone 352-601-8378

Mobile Phone _____ Email JOANKE SPAULDING@GMAIL.COM

Name of Certified Food Manager (provide copy of certificate) KELLY SPAULDING

Event Information

Name of Event JOHNSON COUNTY 4-H FAIR Date of Event 7-17 TO 7-22

Number of days of operation and times that food will be served 6 DAYS NOON TO MIDNIGHT

Address of Event 250 FAIRGROUND ST. FRANKLIN IN 46131

Event Coordinator Name and Phone Number JOHNSON COUNTY 4-H FAIR COMMITTEE

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 LOCAL SOURCE AND HOLDING TANK
Wastewater Disposal Site LOCAL DISPOSAL SITE AND HOLDING TANK

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served PIZZA

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 N/A

Applicant Signature Kelly Spaulding Date 6/26/2023



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Becky 7/19

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>SPAULDING CONCESSION / PIZZA</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>7/18/23</i>	ID#
Establishment address <i>Jo. Co. FAIR</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <i>—</i>	Release Date <i>7/28/23</i>
Owner <i>SPAULDING</i>		Summary of Violations: <i>MS</i> C <u>—</u> <u>NC</u> <u>R</u>	
Owner address	<i>MOBILE</i>	Menu Type (See back of page)	
Person in charge <i>JOHNNIE SPAULDING</i>		1 <u>—</u> 2 <u>—</u> 3 <u>(3X)</u> 4 <u>—</u> 5 <u>—</u>	
Responsible person's email			
Certified food handler <i>KELLY SPAULDING JERUSALEM</i>			

- 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)</i>	

Received by (name and title printed): <i>Johnnie Spaulding</i>	Inspected by (name and title printed): <i>BOB SMITH / K SPAULDING</i>
Received by (signature): <i>Johnnie Spaulding</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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 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 7/10/23 State Retail Merchant ID# _____ (provide copy)
Name of Applicant Sheila Wade
Establishment or organization Tasty Tays BBQ
Establishment or organization address 8950 E. 10th Street, Indianapolis, IN 46219
City, State and Zip Indianapolis, IN 46219 Phone 317-868-0985
Mobile Phone 317-513-7929 Email tastytays317@gmail.com
Name of Certified Food Manager (provide copy of certificate) Donte Bellamy

Event Information

Name of Event Johnson County Fair Date of Event 7-16-23 thru 7-22-23
Number of days of operation and times that food will be served 7 days 11a-11p
Address of Event 250 Fairground Street Franklin, IN
Event Coordinator Name and Phone Number Jeri Thompson

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 Johnson County Fair grounds
Wastewater Disposal Site Johnson County Fair grounds

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Brisket, pulled pork, ribs, 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 & cheese

Location where those items will be prepared and brought to the event 8950 E. 10th Street Indianapolis, IN 46219

Applicant Signature Sheila Wade 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.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

202006241400570 / 8636056

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

is NextLevel!

(Cut or Fold Here)

REGISTERED RETAIL MERCHANT CERTIFICATE

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

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

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

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

THIS LICENSE:
IS NOT TRANSFERABLE TO ANY OTHER PERSON.
IS NOT SUBJECT TO REBATE.
IS VOID IF ALTERED.

Robert G. ...
COMMISSIONER

FEIN	85-1618859
LOC ID	0171820665-001
ISSUED	March 10, 2023
EXPIRES	March 31, 2025

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN



ServSafe
National Restaurant Association

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

10776

EXAM FORM NUMBER

3/23/2022

DATE OF EXAMINATION

3/23/2027

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with the Maritime Labor Convention 2006, Regulation ADN 11008-2013 (Regulation 1.2, Section A3.2),
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Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org.



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RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

*Bellamy
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 TASTY DAY'S	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. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up —	Release Date 7/27/23
Owner Donde Bellamy		Summary of Violations: NLS C — NC — R	
Owner address	mobile	Menu Type (See back of page)	
Person in charge Donde Bellamy		1 <u>2</u> 3 <u>4</u> 5	
Responsible person's email			
Certified food handler Donde Bellamy			

- 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
		<input checked="" type="checkbox"/>	(No items observed)	

Received by (name and title printed): Donde Bellamy	Inspected by (name and title printed): Bob Smith ENTJ
Received by (signature): <i>Donde Bellamy</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc: