

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

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

Establishment name By Hus Day 30 Tacus Establishment address Owner Owner address Person in charge Responsible person's email Certified food handler • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT.			a Lantror	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 4/8/24 Follow-up Relea Summary of Viola C NC Menu Type (See 1 23_	tions: R back of page)
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460 N. MORTON ST. STE 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

	2/2-12-04
Date Paid	3/27/2024
Receipt #	1960
Staff Initia	IsAH

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

Applicant Information
Date of Application 3/27/24 State Retail Merchant ID# 83-3214944 (provide copy)
Name of Applicant Brittney Baxter
Establishment or organization Eat Surreal
Establishment or organization address 25 E 40th St, Apt 3H
City, State and Zip Indianapolis, IN 46205 Phone 317-200-7033
Mobile Phone 317-200-7033 Email brittney@eatsurreal.com
Name of Certified Food Manager (provide copy of certificate) Brittney Baxter
Event Information Name of Event Solar Jam Date of Event April 8
Number of days of operation and times that food will be served 1
Address of Event 250 fairgrounds St, Franklin, IN 46131
Event Coordinator Name and Phone Number Kim Livomo 317-748-6265
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: Gompartment sink Tubs/Buckets Other none needed Water Supply Source Thermos Wastewater Disposal Site Fairground facility
Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served Packaged spreads including Amazeball, Pimento, Babaganade, and Bam List of items that will be prepared at other locations and brought to the event (items must be transported at a compared by Packaged spreads including Amazeball, Pimento, Babaganade, and Bam
ocation where those items will be prepared and brought to the event
Applicant Signature Date 3/27/24

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

Document1



ServSafe® CERTIFICATION

BRITTNEY BAXTER

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).

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10732

CERTIFICATE NUMBER

EXAM FORM NUMBER

10/6/2020

10/6/2025

DATE OF EXAMINATION

DATE OF EXPIRATION

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

ACCREDITED PROGRAM
American National Standards Institute

#0655

Sherman Brown

Executive Vice President, National Restaurant Association Solutions





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 Å FRANKLIN, IN 46131

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

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Establishmer				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	+1	1	2024
Receipt #			9
Staff Initia	s	4	4

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 4-1-24 State Retail Merchant ID# (provide copy) Name of Applicant 125ha Mully Establishment or organization M25. Mucky's NAturents Establishment or organization address 4725 2:17 th 5+ City, State and Zip wodpls, IN 46214 Phone 317 954 2803 Mobile Phone 317-954-2803 Email joy @ my Smirry SNA typals. LON Name of Certified Food Manager (provide copy of certificate) Izsha huzer Name of Event Solar Eclispa Date of Event 4-8-24 Address of Event Fair GROUNS Event Coordinator Name and Phone Number King Livorno 317-746-6265 Facility Information (check one) Tent Inside building Cart Type of Structure: Trailer Type of Power Source: Will plug into source Generator
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 V44AD Sough & hah40 Copols List of items that will be prepared at other locations and brought to the event (items must be transported safely) bakes goods, Soups Location where those items will be prepared and brought to the event 1220 WAterway Applicant Signature / // Date 4-1-24

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

ServSafe® CERTIFICATION

IESHA MURRY

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).

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10752

CERTIFICATE NUMBER

EXAM FORM NUMBER

8/12/2021

8/12/2026

DATE OF EXAMINATION

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 Maritime Labour Convention 2006, Resolution ADM N 068-2013 (Regulation 3.2, Standard 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.



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

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

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

Establishment name Telephone Number Date of Inspection Establishment Establishment address) Owner Purpose: Follow-up Release Date 1. Routine Summary of Violations: 2. Follow-up 3. Complaint 4. Pre-Operational Person in charge Temporary Responsible person's email 7. Other (list) Menu Type (See back of page) Certified food handler VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Narrative To Be Corrected by Section # C/NC R Inspected by (name and title printed): Received by (name and title printed): An mIller Page 1 of

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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Date Paid	3	27	12021
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Staff Initia	ils Z	AH	

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.

checks or credit card over the phone. (no personal checks will be accepted) Application and fee must be submitted at least 48 hours prior to the intended date of operation. Applicant Information Date of Application 3/27/24 State Retail Merchant ID# 81-2523957 (provide copy) Name of Applicant Michael / Tiffani Warren Establishment or organization OFF The Hack Fish and More food track Establishment or organization address 10117 Parkstream Do City, State and Zip Indianapolis, IN 460 Phone 317 - 205 - 4603 Mobile Phone 11 Email Of the hook fish and more @ gmail. Com Name of Certified Food Manager (provide copy of certificate) Tiffani Warven Name of Event Franklin Solar Jam Date of Event april 8th 2024 Address of Event 250 Fairground St Franklin, IN 46613 Event Coordinator Name and Phone Number kim Livorno 317-748-6265 Facility Information (check one) Inside building Tent Cart **I**Trailer Type of Structure: Type of Power Source: Will plug into source Generator None needed Type of Handwashing: Sink Thermos with spigot Tyrn 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 fried fish fried chicken, shrimp tries 's canned drinks List of items that will be prepared at other locations and brought to the event (items must be transported safely) None Location where those items will be prepared and brought to the event



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

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

Establishment name SONS KOHTLE (OVN) Establishment address Owner VM BladeS Owner address				Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection ID# SIGNATURE Follow-up Release Date Summary of Violations:		
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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 corr		a in the narrative portion	on of this report.
Establishment name	Telephone Number	Date of Inspection	ID#
Establishment address Establishment address Establishment address	() Establishment () Owner	4/8/24	m2731
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Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	CNC_	R
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Certified food handler		123	45
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment nam	20		Telephone Number	Date of Inspection	YD//	
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Establishment add	ress		() Owner	14/8/202	y Tring	
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ATTN: Cassie

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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Date Paid <u>2/2/1/20</u> 20	1
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Staff Initials Att	

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) Application and fee must be submitted at least 48 hours prior to the intended date of operation. **Applicant Information** Date of Application 3/21/24 State Retail Merchant ID# Establishment or organization _ 1830 Tannchill Establishment or organization address lorsville IN 4789hone 312 703 City, State and Zip IAV Email I aguerraramire 2230 9 mail-com Name of Certified Food Manager (provide copy of certificate) Event Information
Solar Eclipse Date of Event Number of days of operation and times that food will be served fairground Address of Event Manklin tairground Event Coordinator Name and Phone Number <u>Kim</u> Facility Information (check one) Inside building food Trock Cart Trailer Tent 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 Wastewater Disposal Site Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served + 4005, burritos, Quesadilla tortas, nachos, cornon colo/ soda and water List of items that will be prepared at other locations and brought to the event litems must be transported preparation done on safely) nothing Location where those items will be prepared and brought to the event Applicant Signature

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ServSafe® CERTIFICATION

CATALINO RAMÍREZ

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).

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CERTIFICATE NUMBER

10790

EXAM FORM NUMBER

12/15/2022

DATE OF EXAMINATION

12/15/2027

DATE OF EXPIRATION

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



#0655

Sherman Brow

Executive Vice Resident, National Restaurant Association Solutions



In accordance with Maritime Labour Conventor, 2016, Resolution ADM-81068, 2013 (Regulation 3.2, Standard A.3).

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

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

		tatio	n Requirem	ents. The time	limit for correcti	on of each violation is specifie	d in the narrative po	ortion of this report.	
Establishme	nt name	1.	1.	1000		Telephone Number	Date of Inspect	ion ID#	
Establishme	nt addres	s s	Mh	e BBQ		() Establishment () Owner	48/24	Temp	
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Owner			- 1			1. Routine			
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Person in ch	arge					5. Temporary	CN	C R	
						6. HACCP			
Responsible	person's	email				7. Other (list)	Menu Type (See back of page)		
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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
7/2/21
Name of Application Briane Wisner (provide copy)
Establishment or organization Top of the Line BBQ
Establishment or organization address 8126 S State Rd 75
City, State and Zip Coatesville, DN 46121 Phone (311) 152-5731
Mobile Phone (317) 752-5731 Email blwisner 77 @ gmail. com
Name of Certified Food Manager (provide copy of certificate) Brianne Wisner
Name of Event Solar Eclipse Date of Event 4/8/24
Number of days of operation and times that food will be served 1 day 10 + 5 5 m
Address of Event Johnson County Fair grounds
Event Coordinator Name and Phone Number Kim Livorno (317) 748-6265
Type of Structure: Trailer Tent Type of Power Source: Will plug into source Type of Handwashing: Sink Thermos with spigot Urn Other Type of Dishwashing: 3 Compartment sink Tubs/Buckets Water Supply Source Wastewater Disposal Site in Sanifary Sewer System
List all food and beverages that will be prepared and served fulled pork Sondunches, Machas, Mos brisket, hot dogs, water List of items that will be prepared at other locations and brought to the event (items must be transported safely) fulled pork, not, brisket, hot dogs
Location where those items will be prepared and brought to the event 8/26 5 State Rd 75 Coals Ale IN 46/21
Applicant Signature Brunne L. Winer Date 3/8/24



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

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

		n Requirements. The time limit for correct			for this report.
Establishment name	^	e e e e en ententalle inzardous id ids.	Telephone Number	Date of Inspection	ID#
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Establishment addre	SS		() Owner	4-8-24	TEMA
9C	-(MY	Purpose:	Follow-up Releas	se Date
Owner			1. Routine	1 - 14-	18-29
			2. Follow-up	Summary of Viola	tions:
Owner address			3. Complaint	NO Son)
			4. Pre-Operational	100 5001	
Person in charge				CNC_	R
Person in charge			5. Temporary	CNCR_	
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Certified food handle	er			1 2 3	45
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Section # C/NO	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

	2/2 1- 21	
Date Paid	3/26/2024	
Receipt #	1942	
Staff Initia	Is Att	

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>

Date of Application 03/26/24 State Retail Merch	ant ID# 8000389240-001 (provide copy)
Name of Applicant Tammy Byrd	
Establishment or organization WhipIt LLC	
Establishment or organization address 675 Santee	Dr Greensburg
City, State and Zip Greensburg IN 47240	Phone 317-590-5465
Mobile Phone <u>317-590-5465</u> Email _	TByrdllc@gmail.com
Name of Certified Food Manager (provide copy of ce	
Event Information Name of Event Johnson County Eclipse	Date of Event 04/08/2024
Number of days of operation and times that food wil	l be served1
Address of Event Johnson County Fairgrounds	
Event Coordinator Name and Phone Number Kim I	Livorn 317-748-6265
Type of Structure: Trailer Tent Type of Power Source: Will plug into source Type of Handwashing: Sink Thermos with sp Type of Dishwashing: Site Water Supply Source Site Wastewater Disposal Site Site	Generator None needed
Food Product Information (home prepared foods an List all food and beverages that will be prepared and	re not allowed) I servedSoft Serve Ice Cream and Novelty Items
List of Items that will be prepared at other locations safely)	and brought to the event (items must be transported
Location where those items will be prepared and bro	ought to the event
Applicant Signature	Date 3/2012024
Document1 2	2/27/2019 4:51:00 PM2/27/2019



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Jary	ess narge	<u> </u>	waffles & more LLC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Release Summary of Viola C NC Menu Type (See	ise Date
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