



Johnson County Health Department

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

Date Paid 3/27/2024
Receipt # 1960
Staff Initials 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.

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# 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 Livorno 317-748-6265

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 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 safely) Packaged spreads including Amazeball, Pimento, Babaganade, and Bam

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

4201 Millersville Rd, Indianapolis, IN 46205

Applicant Signature [Signature] Date 3/27/24

ServSafe
National Restaurant Association

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).

19863296

CERTIFICATE NUMBER

10/6/2020

DATE OF EXAMINATION

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

10732

EXAM FORM NUMBER

10/6/2025

DATE OF EXPIRATION



#0655

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.



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

Date Paid 4/11/2024
 Receipt # 1989
 Staff Initials 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.

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 Isha Murry

Establishment or organization MRS. MURRY'S NATURALS

Establishment or organization address 4725 E. 17th St

City, State and Zip Indpls, IN 46214 Phone 317 954 2803

Mobile Phone 317-954-2803 Email joy@mrs.murrysnaturals.com

Name of Certified Food Manager (provide copy of certificate) Isha Murry

Event Information

Name of Event Solar Eclipse Date of Event 4-8-24

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

Address of Event Fairgrounds

Event Coordinator Name and Phone Number Kim Livorno 317-748-6265

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 vegan soups & baked goods

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

Location where those items will be prepared and brought to the event 1220 Waterway Blvd 46208

Applicant Signature [Signature] Date 4-1-24

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).

20892486

CERTIFICATE NUMBER

10752

EXAM FORM NUMBER

8/12/2021

DATE OF EXAMINATION

8/12/2026

DATE OF EXPIRATION

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



A handwritten signature in black ink that reads "Sherman L. Brown".

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.



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

Beksm
4/19

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 Off the Hook Fish & More	Telephone Number () Establishment () Owner	Date of Inspection 4/8/24	ID# (M)
Establishment address Jo. Co. Fairgrounds Eclipse Festival	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) mobile	Follow-up —	Release Date 4/18/24
Owner Michael & Tiffani Warren		Summary of Violations: N/S	
Owner address		C <u> </u> NC <u> </u> R <u> </u>	
Person in charge Tiffani Warren		Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler Exp. 4-10/8/2024 Tiffani Warren			

- 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
			Ⓢ Floor and exhaust not clean	
			Ⓢ thermometer 0-220°F or digital not provided	

Received by (name and title printed): Michael Warren	Inspected by (name and title printed): B. Smith / R. Miller
Received by (signature): Michael Warren	Inspected by (signature): [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 3/27/2024
Receipt # 1959
Staff Initials 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.

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 Hook Fish and More food truck

Establishment or organization address 10117 Parkstream Dr

City, State and Zip Indianapolis, IN 46209 Phone 317-205-4603

Mobile Phone 11 Email offthehookfishandmore@gmail.com

Name of Certified Food Manager (provide copy of certificate) Tiffani Warren

Event Information

Name of Event Franklin Solar Jam Date of Event April 8th 2024

Number of days of operation and times that food will be served 1 8am - 4pm

Address of Event 250 Fairground St Franklin, IN 46131

Event Coordinator Name and Phone Number Kim Livorno 317-748-6265

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 fried fish, fried chicken, shrimp
fries & 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 N/A



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

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

Bekm
4/19

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 Sons Kettle Corn	Telephone Number () Establishment () Owner	Date of Inspection 4/8/24	ID# 51984
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner Van Blades		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
			Keep catch basin for hand washing station	

Received by (name and title printed): JASON OWEN	Inspected by (name and title printed):
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Belm
4/19

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>Sweet Georgia Fish & ribs</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/8/24</i>	ID# <i>M2731</i>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up	Release Date
Owner <i>Ramona Talley</i>		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (<i>See back of page</i>)	
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>Keep hand sink accessible at all times</i>	
			<i>Keep towels/paper towels by hand sink</i>	

Received by (<i>name and title printed</i>):	Inspected by (<i>name and title printed</i>):
Received by (<i>signature</i>):	Inspected by (<i>signature</i>): <i>Chandha</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

Betsy
4/19

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 Taqueria Ramirez	Telephone Number () Establishment () Owner	Date of Inspection 4/8/2024	ID# temp
Establishment address JC Fair	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 4-18-24
Owner		Summary of Violations: NO SCORE	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input checked="" type="checkbox"/> 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
187	C		<p>Reheat Cheese @ 165° @ 129° Cooked rice hold @ 135° @ 126° discard after 4hrs Beans hot hold @ 135° @ 129°</p> <p>Hot hold all & HF 135°F or above</p> <p>remove all foil</p>	

Received by (name and title printed): Catalino Rourke	Inspected by (name and title printed): CASSI HALL
Received by (signature): <i>Catalino Rourke</i>	Inspected by (signature): <i>Cassi Hall</i>
cc:	cc:

ATTN: Cassie



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

Date Paid 3/27/2024
Receipt # 1958
Staff Initials 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.

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# _____ (provide copy)

Name of Applicant Catalino Ramirez

Establishment or organization Taqueria Ramirez

Establishment or organization address 1830 Tannahill Rd

City, State and Zip TAYLORSVILLE IN 47289 Phone 812 703 0084

Mobile Phone 812 703 0084 Email Taqueriaramirez23@gmail.com

Name of Certified Food Manager (provide copy of certificate) Catalino Ramirez

Event Information

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 /

Address of Event Franklin fairgrounds - 250 fairground franklin IN

Event Coordinator Name and Phone Number Kim Loharno 317-748-6265

Facility Information (check one)

Type of Structure: Trailer Tent Cart Inside building food truck
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 tacos, burritos, Quesadilla, tartas, nachos, Corn on cob / Soda and water

List of items that will be prepared at other locations and brought to the event (items must be transported safely) nothing preparation done on site

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

Applicant Signature Catalino Ramirez Date 03/27/24

ServSafe
National Restaurant Association



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).

23016323

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 Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labour Convention, 2006 - Resolution ADM 81/028 2017 (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.



**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

*Belton
4/19*

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>Top of the Line BBQ</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/8/24</i>	ID# <i>Temp</i>
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (<i>list</i>)	Follow-up	Release Date
Owner <i>Brianne Wisner</i>		Summary of Violations:	
Owner address		C _____ NC _____ R _____	
Person in charge		Menu Type (<i>See back of page</i>)	
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>No violations observed</i>	

Received by (<i>name and title printed</i>): <i>Brianne Wisner Owner</i>	Inspected by (<i>name and title printed</i>):
Received by (<i>signature</i>): <i>Brianne L. Wisner</i>	Inspected by (<i>signature</i>): <i>[Signature]</i>
cc:	cc:

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 3/2/24 State Retail Merchant ID# 8000580722 (provide copy)

Name of Applicant Brianne Wisner

Establishment or organization Top of the Line BBQ

Establishment or organization address 8126 S State Rd 75

City, State and Zip Cootesville, IN 46021 Phone (317) 752-5731

Mobile Phone (317) 752-5731 Email blwisner77@gmail.com

Name of Certified Food Manager (provide copy of certificate) Brianne Wisner

Event Information

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 to 5pm

Address of Event Johnson County Fairgrounds

Event Coordinator Name and Phone Number Kim Livorno (317) 748-6265

Facility Information (check one)

Type of Structure:	<input checked="" type="checkbox"/> Trailer	<input type="checkbox"/> Tent	<input type="checkbox"/> Cart	<input type="checkbox"/> Inside building
Type of Power Source:	<input type="checkbox"/> Will plug into source	<input checked="" type="checkbox"/> Generator	<input type="checkbox"/> None needed	
Type of Handwashing:	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/> Thermos with spigot	<input type="checkbox"/> Urn	<input type="checkbox"/> Other _____
Type of Dishwashing:	<input checked="" type="checkbox"/> 3 Compartment sink	<input type="checkbox"/> Tubs/Buckets	<input type="checkbox"/> Other _____	
Water Supply Source	<u>fresh water from facility or commissary</u>			
Wastewater Disposal Site	<u>in sanitary sewer system</u>			

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served pulled pork sandwiches, nachos, ribs, brisket, hot dogs, coleslaw, bags of chips, cookies, soda, water

List of items that will be prepared at other locations and brought to the event (items must be transported safely) pulled pork, ribs, brisket, hot dogs

Location where those items will be prepared and brought to the event 8126 S State Rd 75 Cootesville, IN 46021
in our food trailer

Applicant Signature Brianne L. Wisner Date 3/8/24

Need Payment 3/8/2024
Paid 3/8/24
Receipt # 1760
AT
mailed 3/8/24



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

Date Paid 3/26/2024
 Receipt # 1942
 Staff Initials 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.

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

Applicant Information

Date of Application 03/26/24 State Retail Merchant ID# 8000389240-001 (provide copy)

Name of Applicant Tammy Byrd

Establishment or organization Whiplt LLC

Establishment or organization address 675 Santee Dr Greensburg

City, State and Zip Greensburg IN 47240 Phone 317-590-5465

Mobile Phone 317-590-5465 Email TByrdllc@gmail.com

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

Event Information

Name of Event Johnson County Eclipse Date of Event 04/08/2024

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

Address of Event Johnson County Fairgrounds

Event Coordinator Name and Phone Number Kim Livorn 317-748-6265

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 Site

Wastewater Disposal Site Site

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Soft Serve Ice Cream and Novelty Items

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 Tammy Byrd Date 3/26/2024

