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

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

Establishm	ent Sani	tation	Requirem	ents. The tim	ie limit for correct	on of each violation is specifi	ed in the narrative portio	n of this report.	
Establishment name				Water No.		Telephone Number (Establishment	Date of Inspection	ID#	
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Certified for	od handle:	r					12345		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Owner				1. Routine	1-17-14		
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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

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Staff Initials	A	it

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 4-2-24 State Retail Merchant ID# lemon Shake-UPS Establishment or organization __ Establishment or organization address 8995 W Nel Char N Dr. City, State and Zip Edin burgh In 46124 Phone 812-581-0861 Mobile Phone Name of Certified Food Manager (provide copy of certificate) **Event Information** Date of Event Name of Event FClipse Number of days of operation and times that food will be served Address of Event Down Town Fainburgh Event Coordinator Name and Phone Number SArabeth Dy bread Facility Information (check one) Tent Cart Inside building Type of Structure: Trailer 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 Filtered water Wastewater Disposal Site Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served <u>Cmonac</u> 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 Applicant Signature

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

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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

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Temporary Food Service Establishment Application for License

All permits are valid for 14 days or less, used for specific event listed, nonrefundable and non-transferrable. The undersigned agrees to operate under the retail food establishment sanitation requirements outlined under 410 IAC 7-24. We accept cash, cashier's checks, money orders, company checks or credit card over the phone. (no personal checks will be accepted)

Fee is \$30.00. Application and fee must be submitted at least 48 hours prior to the intended date of operation. Applicant Information Date of Application State Retail Merchant ID# 0160893151 - 601 (provide copy) Name of Applicant JENNY CRAWLY / PAVID CRAWLEY Establishment or organization THE GRIENTAL COOK day Establishment or organization address 72366 OVERDORF RD. City, State and Zip Phone Mobile Phone 317)0100 20173 Email jenkrau@frontier. cong

Name of Certified Food Manager (provide copy of certificate) JENNY CRAWLEY

Event Information 2024 TOTAL ECLIPSE

DAVID CRAWLEY Name of Event IN THE PARK Date of Event APRIL 6. 7, 8; 2024 Number of days of operation and times that food will be served 2 Address of Event LILINSON COUNTY PARKS AND RECREATION Event Coordinator Name and Phone Number CHRISTY HOWE
812-526-6809 EN 104 Facility Information (check one) Trailer Tent Cart Inside building Type of Structure: None needed 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 PUPPLIC UTICITY Wastewater Disposal Site 1-6 DING TANK Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served DUERST SEE XTTREHMENTS 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 Applicant Signature



ServSafe® CERTIFICATION

JENNY CRAWLEY

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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5580

CERTIFICATE NUMBER

EXAM FORM NUMBER

4/10/2023

4/10/2028

DATE OF EXAMINATION

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 N 068-2013 (Regulation 3.2, Standard A3.2)

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report. Telephone Number Date of Inspection Establishment name (317) 667-1908/ Woopo S Establish nent address 4-7-24 M2700) Owner Follow-up Release Date

No 4-17-24

Summary of Violations: Purpose: 1. Routine 2. Follow-up No Score 3. Complaint 4. Pre-Operational 6. Temporary Person in charge 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler 2 3 4 5 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" Narrative To Be Corrected by Section # C/NC R Rice in warmer measured 86°F and Queso measured 124°F. Firm has two burner gas stove. Firm typically reheats food at commissary then I places food in warmer table whit Received by (name and title printed): Lanova cc:



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

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Owner addre	nt address	I was A	Ellew Rose County Park Language and and house as language language as a language as a language language as a language	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 1D# 1-7-7	
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