



Johnson County Health Department

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

Date Paid 3/22/2024
Receipt # 1919
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 03/22/2024 State Retail Merchant ID# 27-0784344 (provide copy)

Name of Applicant Mary Laughlin

Establishment or organization MBL Concessions LLC. / royal cheese

Establishment or organization address 5166 Olive Branch Road Greenwood, In 46143

City, State and Zip 46143 Phone 317-443-7105

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

Name of Certified Food Manager (provide copy of certificate) Brian Laughlin 22026537 04/25/2027

Event Information

Name of Event Eclipse Festival Date of Event April 6, 7, 8, 2024

Number of days of operation and times that food will be served 3 days. 12pm-10pm

Address of Event 237 W. Monroe Street

Event Coordinator Name and Phone Number Holly Johnston 317-736-3689

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, Fountain Coca Cola, Lemon Shake-ups

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 [Signature] Date 3-22-24

REGISTERED RETAIL MERCHANT CERTIFICATE



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

MBLCONCESSIONS LLC
5166 OLIVE BRANCH RD
GREENWOOD IN 46143-8801

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

FEIN 27-0784333
LOC ID 0164319077-001
ISSUED September 01, 2022
EXPIRES September 30, 2024

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



LAUGHLIN MARY
5166 OLIVE BRANCH RD
GREENWOOD IN 46143-8801

Robyn J. Gorman

COMMISSIONER





Expires 2/1/2029

Name: MARY LAUGHLIN

ServSafe
CERTIFICATION

Issued 2/1/2024

Certificate # 25129129



Expires 4/25/2027

Name: BRIAN LAUGHLIN

ServSafe
CERTIFICATION

Issued 4/25/2022

Certificate # 22026537



Johnson County Health Department

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

Date Paid 3/22/2024
Receipt # 1919
Staff Initials AH

Temporary Food Service Establishment Application for License

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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 03/22/2024 State Retail Merchant ID# 27-0784344 (provide copy)

Name of Applicant Mary Laughlin

Establishment or organization MBL Concessions LLC. /dessert

Establishment or organization address 5166 Olive Branch Road Greenwood, In 46143

City, State and Zip 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-25129129. 2/01/2029

Event Information

Name of Event Eclipse Date of Event April 6, 7, 8, 2024

Number of days of operation and times that food will be served 3 days. 12pm-10pm

Address of Event 237 W. Monroe Street

Event Coordinator Name and Phone Number Holly Johnston 317-736-3689

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 Flying J

Food Product Information (home prepared foods are not allowed)

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

Apple dumplings, strawberry short cake, funnel cake, elephant ears, lemon shake ups fountain coca-cola

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 [Signature] Date 3-22-2024



Johnson County Health Department

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

Date Paid 3/20/24
Receipt # 1887
Staff Initials [Signature]

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 4/20/24 State Retail Merchant ID# _____ (provide copy)

Name of Applicant Cole Oliver

Establishment or organization Oliver's Country Catering

Establishment or organization address 2164 w Dod N

City, State and Zip Burnettsville, IN 47926 Phone 574-826-4415

Mobile Phone 574-870-2471 Email _____

Name of Certified Food Manager (provide copy of certificate) Robert Oliver

Event Information

Name of Event Total Solar Eclipse 2024 Date of Event April 6, 7, 8 2024

Number of days of operation and times that food will be served 3 day

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 _____

Frozen Fish, chicken fries

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 Cole Oliver Date 4/20/2024

ServSafe® CERTIFICATION

ROBERT OLIVER

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).

20579143

CERTIFICATE NUMBER

5522

EXAM FORM NUMBER

5/16/2021

DATE OF EXAMINATION

5/16/2026

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





Johnson County Health Department

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

Date Paid 3/18/2024
Receipt # 1846
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 03-14-2024 State Retail Merchant ID# 0160893151-001 (provide copy)

Name of Applicant JENNY CRAWLEY / DAVID CRAWLEY

Establishment or organization THE ORIENTAL COOKERY

Establishment or organization address 22366 OVERDORF RD.

City, State and Zip NOBLESVILLE IN, 46062 Phone _____

Mobile Phone (317) 900 2973 Email jencraw@frontier.com

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

Event Information

Name of Event ECLIPSE FESTIVAL Date of Event APRIL 6-8, 2024

Number of days of operation and times that food will be served 3 DAYS / SAT. 2-9 PM / SUN. 11 AM - 6 PM / MON.

Address of Event DRIVEHUB WORK . COM AMPHITHEATER

Event Coordinator Name and Phone Number YOUNGS CREEK PARK

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 PUBLIC UTILITY

Wastewater Disposal Site HOLDING TANK

Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served SEE ATTACHMENT

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 [Signature] Date 03-14-2024

MENU

PORK KABOB

FRIED RICE

EGGROLL

LO MEIN NOODLES

SWEET AND SPICY CHICKEN

NUGGETS ON FRIED RICE

COKE PRODUCTS

SWEET TEA

LEMON SHAKE UP

BOTTLED WATER



REGISTERED RETAIL MERCHANT CERTIFICATE

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

ORIENTAL COOKERY
22366 OVERDORF RD
NOBLESVILLE IN 46062-8827

FEIN 81-0771497
LOC ID 0160893151-001
ISSUED May 03, 2023
EXPIRES May 31, 2025

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.



JENCRAW ENTERPRISES LLC
22366 OVERDORF RD
NOBLESVILLE IN 46062-8827

COMMISSIONER

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN

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

ServSafe® CERTIFICATION

DAVID 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).

28882798

CERTIFICATE NUMBER

5582

EXAM FORM NUMBER

4/10/2023

DATE OF EXAMINATION

4/10/2028

DATE OF EXPIRATION

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



#0655

Sharon Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labor Convention, 2006, Resolution ADMIN 008-2013 (Paragraph 3.2, Standard A3.2):
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2024 EVENTS

- *ECLIPSE FESTIVAL—APRIL 6-8**
- *CONCERT SERIES—MAY 10**
- *CRUISIN' THE AMP—JUNE 7**
- *CONCERT SERIES—JUNE 21**
- *FIRECRACKER FESTIVAL—JULY 3**
- JOHNSON COUNTY 4H FAIR—JULY 14-20**
- *HOPS AND VINES FESTIVAL—AUGUST 10**
- *CONCERT SERIES—AUGUST 23**
- *CONCERT SERIES—SEPTEMBER 13**
- *FALL FESTIVAL—SEPTEMBER 27-28**

***All festivals and events will be held at the amphitheater(youngs creek park).**



