

## 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 parrative portion of this report

The burger Poet  Establishment address  Given word Eclipse Even +  Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  Person in charge  Responsible person's email  Certified food handler  Certified food previous inspections are denoted in the "Summary of violations" and in the narrative below as "r"  M2740  M2740  M2740  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  Menu Type (See back of page)  1 2 3 4 5								
Owner address  2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  Menu Type (See back of page)  Certified food handler  - CRITICAL TEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATIONS) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Narrative  To Be Corrected by  NOTE  Received by frame and title printigh:  Received by frame and title printigh:  Received by frame and title printigh:  Market of figuration:  Medicine of the printigh:  Market of figuration:  Medicine of the printigh:  Market of figuration:  Market	Establishme	nt name		0 - 1-	Telephone Number	Date of Inspection		
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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

Establishme	ent name  DOW  Int addres  NA) 00  ess	d	Food Truck Eclipse Event	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  4/7/24  Follow-up Release  Summary of Viola  CNC	ID# M2367 se Date tions:
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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.

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Establishment address	( ) Owner	Ham	11/2882
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Owner		2 2211	
	2. Follow-up	Summary of Violatio	ns:
Owner address	3. Complaint		
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Person in charge	5. Temporary	CNC	D
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Certified food handler		123	45
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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.

		tatio	n Requirements. The time limit for correcti	on of each violation is specified	in the narrative portion	of this report.
Establishme	nt name	$\mathcal{I}$	1)	Telephone Number	Date of Inspection	ID#
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Establishme	nt addres	S	J	( ) Owner	11.723	Corre	
Green	WOO	di	Eclipse Festival	Purpose:	Follow-up Releas	se Date	
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				2. Follow-up	Summary of Violations:		
Owner addr	ess			3. Complaint			
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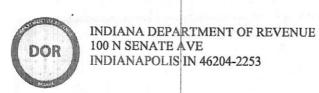
#### Johnson County Health Department 460 N Morton St. Suite A Franklin, IN 46131 Phone 317-346-4365 Fax 317-736-5264

Date Paid 4/2/2024 Receipt # 1999 Staff Initials Alt

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) Fee is \$30.00.

pplication and fee must be submitted at least <u>48 hours</u> prior to the intended date of operation.					
vate of Application 4/1/24 State Retail Merchant ID# 8000027302 (provide copy)					
lame of Applicant Carl Huckaby					
stablishment or organization HUCKABY'S SMOKEHOUSE					
stablishment or organization address 1140 U.ST RD. 135, Ste K					
ity, State and Zip GREENWOOD IN 46142 Phone 317-851-8995					
Mobile Phone 317-341-4188 Email triple cfoodie@qmailecom					
Jame of Certified Food Manager (provide copy of certificate) Cert Huckeley					
Name of Event ECLIPSE PRE-PARTY Date of Event 4-7-24					
Sumber of days of operation and times that food will be served 1 DAY 5 pm to 9 pm					
Address of Event CRAIG PARK ORFEDWOOD					
Event Coordinator Name and Phone Number TROY DAILEY 317-883-8064					
Facility Information (check one)  Type of Structure:					
Eood Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served 13 BQ, SIDES, TORKBY LEGS,  WACHUS, CANNED SODA, BOTHE WATER List of items that will be prepared at other locations and brought to the event (items must be transported safely) BQ, SIDES, TURKBY LEGS, NACIOUS					
Location where those items will be prepared and brought to the event HOCKABY \ SMOKE HOUSE					
Applicant Signature Date 4/1/24					
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#### **Indiana Department of Revenue**

Eric J. Holcomb, Governor Bob Grennes, Commissioner



CREATIVE CULINARY CONCEPTS OF INDIANA 1259 EASTON POINT DR GREENWOOD IN 46142-1876 FEIN Taxpayer ID Letter ID

Date Issued

92-0354161 8000027302 L0005530548

October 11, 2022



#### Dear Customer:

Attached is your Registered Retail Merchant Certificate (RRMC), which shows your Taxpayer Identification Number (TID) and three-digit Location Number (LOC) as your LOC ID. Please make note of this number, as you will need to use it on exemption certificates and for phone or written communication with the Indiana Department of Revenue (DOR).

Note the expiration date on the certificate. Your RRMC will be automatically renewed if your account remains in good standing. However, merchants who have unpaid tax liability(ies) owed to DOR cannot renew their RRMC.

All businesses are required to file and pay sales and/or withholding taxes online using INTIME, the Indiana Taxpayer Information Management Engine. DOR's tax filing frequency for this location is Monthly, which means your first filing is due on November 21, 2022. If you have not already registered for INTIME, DOR's secure online system, you can register today using the Letter ID in the upper-right hand corner of this letter.

To create an online account, visit <u>intime.dor.in.gov</u> and click "Sign up" on the right side of the screen. You will need your Taxpayer ID (FEIN, SSN, etc.) and Letter ID to complete the process.

You can review and maintain your business by managing your addresses and responsible officers from "Names & Addresses" menu on the "All Actions" tab in INTIME. If you need to close an account, you can do this from the "Close Business Tax Accounts" link under the "All Actions" tab in INTIME.

If you have questions about your sales or withholding taxes, you may contact Customer Service at (317) 232-2240, Monday through Friday 8 a.m. – 4:30 p.m. EST.

Sincerely,

Indiana Department of Revenue



# Certificate of Achievement



This certificate is awarded to

# CHIP HUCKABY

Congratulations! You have completed

# ServSafe® Food Handler

Employee Food Safety Online Course and Exam

National Restaurant Association

233 S. Wacker Drive, Suite 3600 Chicago, IL 60606-6383 800.765.2122 in Chicago area 312.715.1010 Restaurant.org | ServSafe.com Certificate Number 5802216 Date 8/15/2022







#### LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that

# Carl Lee Huckaby II

has achieved the title of

## Certified Food Protection Manager

Issue Date: 04/01/2024

Certificate number: L2SC-3-039949

Test Name: ANAB\_CFP\_B31

ACCREDITED PROGRAM
American National Standards Institute
and the Conference for Food Protection

#0975

Samantha Montalbano, Chief Operating Officer

THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UPTO 5 YEARS FROM THE ISSUE DATE DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com







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Samantha Montalbano, Chief Operating Officer
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DEPENDING ON YOUR LOCAL HEALTH DEPARTMENTS REQUIREMENTS.

## Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:

Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment Please contact us today to learn more about how you can take advantage of these quality courses, or visit www.Learn2Serve.com.

# S fuckab

Smoked Turkey Leg	\$10.00
Pulled Pork Sandwich Pulled Chicken Sandwich	\$8.00 \$8.00
Yellow Macaroni & Cheese Corn Casserole	\$3.00 \$3.00
Nacho & Cheese Pulled Pork Nachos Pulled Chicken Nachos	\$6.00 \$8.00 \$8.00
Assorted Drinks	\$2.00



460 N. MORTON ST. STE FRANKLIN, IN 46131

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

Office 317-346-43

Shygul Sweets

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 scale in the sanitation of the sanitation o

		tatio	n Requirements. The time limit for correc					
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				Purpose:	Follow-up Relea	se Date		
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lar	ne	sl	na Gerron	2. Follow-up	Summary of Viola	ations:		
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Owner addr	C55			3. Complaint				
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Person in ch	arge			5. Temporary	CNC_	C NC R		
				6. HACCP	1 - L			
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)		
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Certified foo	od handle	r			1 2 3	4 5		
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• CRITICAL	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRAT	IVE COLUMNS MARKED "C"				
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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

2/2/2011
Date Paid 3/21/2024
Receipt # 1913
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 03/21/2024 State Retail Merchant ID# (provide copy) Lanesha Gerron Name of Applicant Shy Girl Sweets Establishment or organization Establishment or organization address \_7835 Danube St, Indianapolis, IN, 46239 City, State and Zip shygirls.sweets@gmail.com Mobile Phone Email Name of Certified Food Manager (provide copy of certificate) Event Information Greenwood Eclipse Event Date of Event \_\_\_\_\_04/07/2024 Number of days of operation and times that food will be served  $\frac{1}{2}$ Address of Event Troy Dailey - 317-883-8047 Event Coordinator Name and Phone Number Facility Information (check one) Trailer ✓ Tent Cart Inside building 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 \_Tap Wastewater Disposal Site Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served\_Cotton Candy List of items that will be prepared at other locations and brought to the event (items must be transported Location where those items will be prepared and brought to the event 03/21/2024 **Applicant Signature** 

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

Document1



## 

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 parrative portion of this report

Establishme	ent name LIN 7 ent addres CNUC	TON s	1 of Greenwood 1 Eclipse Event	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  4/7/23  Follow-up Rele  Summary of Vio	m ID# M2767 ease Date lations:
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