



**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  
v/a*

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>The Burger Poet</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/7/23</i>	ID# <i>M2740</i>
Establishment address <i>Greenwood Eclipse Event</i>	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		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type ( <i>See back of page</i> ) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
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>NOTE</i>			<i>Keep an eye out on sanitizer levels</i>	

Received by (name and title printed): <i>X Broughton San Agustin</i>	Inspected by (name and title printed): <i>Jaycie Miller / Paul Betsy</i>
Received by (signature): <i>X B. San Agustin</i>	Inspected by (signature): <i>Jaycie Miller</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

*Bevan  
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>Dashboard Food Truck</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/7/24</i>	ID# <i>M2367</i>
Establishment address <i>Greenwood Eclipse Event</i>	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		Summary of Violations:  <i>C</i> <i>D</i> <i>NC</i> <i>R</i> <i>O</i>	
Owner address		Menu Type <i>(See back of page)</i>	
Person in charge		1 <u>   </u> 2 <u>   </u> 3 <u>   </u> 4 <u>   </u> 5 <u>   </u>	
Responsible person's email			
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 found during inspection</i>	

Received by <i>(name and title printed)</i> : <i>X Vanessa Simke</i>	Inspected by <i>(name and title printed)</i> : <i>Janaie Miller / Paw Borku</i>
Received by <i>(signature)</i> : <i>[Signature]</i>	Inspected by <i>(signature)</i> : <i>[Signature]</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

*Blum  
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>Kona Ice South Indy Drafted</i>	Telephone Number <i>( )</i>	Date of Inspection <i>4-7-24</i> <i>4:20p</i>	ID# <i>S 2446</i>
Establishment address <i>Eclipse Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational <u>5. Temporary</u> 6. HACCP 7. Other (list) <i>TA</i>	Follow-up <i>no</i>	Release Date
Owner <i>Jeanne Farah</i>		Summary of Violations:  C _____ NC _____ R _____	
Owner address <i>Jeanne Farah</i>		Menu Type (See back of page)  1 _____ 2 <i>t</i> 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
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>Ice from commissary</i>	

Received by (name and title printed): <i>Pizzzy Egan</i>	Inspected by (name and title printed): <i>Elizabeth Senise</i>
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  
Office 317-346-4365 Fax 317-736-5264

*Blm  
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>Marcos Pizzeria</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4-7-24</i> <i>4pm</i>	ID# <i>M 2552</i>
Establishment address <i>Eclipse Greenwood</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP <i>7. Other (list)</i> <i>M</i>	Follow-up	Release Date
Owner		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Person in charge <i>NOLE DeVoss</i>			
Responsible person's email			
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>When not busy, keep Cheese in cooler</i>	
			<i>Disposable towels required @ designated hand sink</i>	

Received by (name and title printed): <i>Nole DeVoss</i>	Inspected by (name and title printed): <i>Edinabette Serrisse</i>
Received by (signature): <i>Nole DeVoss</i>	Inspected by (signature):
cc:	cc: <i>317-346-4373</i>



**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 <i>Pass Kettle Pop</i>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4-7-24</i> <i>4:30p</i>	ID# <i>S 1874</i>
Establishment address <i>Eclipse Greenwood</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational <u>5. Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <i>Daniel Whilhoite</i>	Owner address		Summary of Violations:  C _____ NC _____ R _____	
Person in charge <i>1</i>	Responsible person's email	Menu Type (See back of page)  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>Hand Sink broken - Working on coffee Urn temporary set up</i>	
			<i>Floors &amp; walls not smooth - Working on solution</i>	

Received by (name and title printed): <i>Daniel Whilhoite</i>	Inspected by (name and title printed): <i>Elizabeth Senisse</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>317-346-4373</i>





**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

*Bethm 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>SMOKEhouse catering</i>		Telephone Number ( ) Establishment ( ) Owner		Date of Inspection <i>4/7/23</i>	ID# <i>Temp</i>	
Establishment address <i>Greenwood Eclipse Festival</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP <del>7. Other (list)</del> <i>EVENT</i>	Follow-up <i>NO</i>	Release Date		
Owner			Summary of Violations:  C _____ NC _____ R _____			
Owner address			Menu Type (See back of page)			
Person in charge			1 _____ 2 _____ 3 _____ 4 _____ 5 _____			
Responsible person's email						
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>NOTE</i>			<i>Keep Sauces Covered outside</i>	

Received by (name and title printed): <i>X Kayla Hood</i>		Inspected by (name and title printed): <i>Jaycie Miller / Paul Betiku</i>	
Received by (signature): <i>Kayla Hood</i>		Inspected by (signature): <i>Jaycie Miller</i>	
cc:		cc:	

Greenwood



**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 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# 8000027302 (provide copy)

Name of Applicant Carl Huckaby

Establishment or organization HUCKABY'S SMOKEHOUSE

Establishment or organization address 1140 W. ST RD. 135, ste K

City, State and Zip GREENWOOD, IN 46142 Phone 317-851-8995

Mobile Phone 317-341-4188 Email triplecfoodie@gmail.com

Name of Certified Food Manager (provide copy of certificate) Carl Huckaby

Event Information

Name of Event ECLIPSE PRE-PARTY Date of Event 4-7-24

Number of days of operation and times that food will be served 1 DAY 5pm to 9pm

Address of Event CRAIG PARK GREENWOOD

Event Coordinator Name and Phone Number TROY DAILEY 317-883-8064

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 HUCKABY SMOKEHOUSE  
Wastewater Disposal Site HUCKABY SMOKEHOUSE

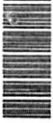
Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served BBQ, SIDES, TURKEY LEGS, NACHOS, CANNED SODA, BOTTLE WATER

List of items that will be prepared at other locations and brought to the event (items must be transported safely) BBQ, SIDES, TURKEY LEGS, NACHOS

Location where those items will be prepared and brought to the event HUCKABY'S SMOKEHOUSE

Applicant Signature [Signature] Date 4/1/24



INDIANA DEPARTMENT OF REVENUE  
100 N SENATE AVE  
INDIANAPOLIS IN 46204-2253

**Indiana Department of Revenue**  
Eric J. Holcomb, Governor  
Bob Grennes, Commissioner



000233

CREATIVE CULINARY CONCEPTS OF INDIANA  
1259 EASTON POINT DR  
GREENWOOD IN 46142-1876

FEIN 92-0354161  
Taxpayer ID 8000027302  
Letter ID L0005530548  
Date Issued 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 [intime.dor.in.gov](http://intime.dor.in.gov) 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

000000100000202203000318





# 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  
Expiration Date 8/15/2025





# 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



#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.*

8504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | [www.360training.com](http://www.360training.com)

✂ (CUT HERE)

✂ (CUT HERE)



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



#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.*

**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](http://www.Learn2Serve.com).

**Huckaby's**

**SMOKEHOUSE**

**BBQ STEAKS & SWEETS**

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



**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

*Shygirl 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 each violation is specified in the narrative portion of this report.

Establishment name <i>Shy Girl Sweets</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4-7-24</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>Laneshia Gerron</i>		Summary of Violations:  C _____ NC _____ R _____	
Owner address	Menu Type ( <i>See back of page</i> )  1 _____ 2 _____ 3 _____ 4 _____ 5 _____		
Person in charge			
Responsible person's email			
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>Dispose of waste water in port a let @ end of event</i>	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <i>Elizabeth Senise</i>
Received by (signature): <i>Laneshia Gerron</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>317 346 4373</i>





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

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)

Name of Applicant Lanesha Gerron

Establishment or organization Shy Girl Sweets

Establishment or organization address 7835 Danube St, Indianapolis, IN, 46239

City, State and Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mobile Phone 317-429-7038 Email shygirls.sweets@gmail.com

Name of Certified Food Manager (provide copy of certificate) \_\_\_\_\_

**Event Information**

Name of Event Greenwood Eclipse Event Date of Event 04/07/2024

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

Address of Event 100 South Way Greenwood, IN 46143 \_\_\_\_\_

Event Coordinator Name and Phone Number Troy Dailey - 317-883-8047

**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 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 safely) n/a

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

Applicant Signature [Signature] Date 03/21/2024

dotloop verified  
03/21/24 11:03 AM EDT  
HNR-1APH-R45Y-VJDF



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

Bethy  
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>Travelin' Tom of Greenwood</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/7/23</i>	ID# <i>M2767</i>
Establishment address <i>Greenwood Eclipse event</i>	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		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type ( <i>See back of page</i> )	
Person in charge		1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Responsible person's email			
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 found at time of inspection</i>	

Received by ( <i>name and title printed</i> ): <i>Leanne Farn</i>	Inspected by ( <i>name and title printed</i> ): <i>Jaucie Miller / Pam Betka</i>
Received by ( <i>signature</i> ): <i>[Signature]</i>	Inspected by ( <i>signature</i> ): <i>[Signature]</i>
cc:	cc: