# Smith Robert - Health Dept

Bex94 6/21

From:

Vintage Whimsy < vintagewhimsyhome@gmail.com>

Sent:

Saturday, June 10, 2023 9:06 AM

To:

Smith Robert - Health Dept

Subject:

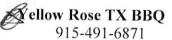
Whimsy & Blooms food vendors

Hi Bob!

Here are the food vendors we have lined up for our event next weekend (June 16th & June 17th).

If you'd like to come out on Friday between 2-3pm they will be there. (Event opens at 4pm) You would need to enter through the main drive before 2:30 or the large parking area after 2:30.

#### Enedina's Fiesta Bar / Taco Truck enedinas.fodtruck@gmail.com



# Millie's Ice Cream & Pancake Poppers 317-395-4307

Gypsy Moon Nosh Wagon 812-381-0029 (Jackie)

- Indy Annie's Kettlecorn 812-584-4158 (Janet & Sam Goodall)

Kelly's Concessions 317-626-6335 (Mike)

3 of these are new vendors for us, Enedinas - Yellow Rose & Millie's.

All My Best, Jennifer



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

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

Establishment name ENCOTARS PACO TRUCK	Telephone Number  ( ) Establishment	Date of Inspection ID#
Establishment address		6/16/23 M2611
WHIMSY& BLOOM	( ) Owner Purpose:	Follow-up Release Date
Owner	1. Routine	6/26/23
Jose HERNANDEZ	2. Follow-up	Summary of Violations:
Owner address	3. Complaint	
	4. Pre-Operational	2/15
Person in charge	5. Temporary	C NC B
KOUIN PANTEL HERMANDEZ	6. HACCP	C NO R
Responsible person's email	7. Other (list)	Menu Type (See back of page)
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Certified food handler		1 2 3 4 5
Certified food handler 505e		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN	Narrative	N THE NARRATIVE BELOW AS "R"
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#### 460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name  JNDY ANNIES KOTTEGORN  Establishment address  WHTMS/ + BLOOMS  Owner  Goodfall  Owner address  Person in charge  PAM Goodfall  Responsible person's email	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Relea Summary of Viola  CNC	/26/23 tions:
Certified food handler		1_23	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE CHECKLIST AND NARRAT		THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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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 name   CONCESSION	Telephone Number	Date of Inspection ID#
Meller , certains	) Establishment	6/16/23 .
Establishment address WHIMST & BLOOMS	) Owner Purpose:	Follow-up Release Date
Owner m170 CD500	Routine     Follow-up	Summary of Violations:
Owner address	<ul><li>3. Complaint</li><li>4. Pre-Operational</li></ul>	N/S
TRENTON CREPE	<ul><li>5. Temporary</li><li>6. HACCP</li></ul>	CNCR_
und eligible and a	MOBICE )	Menu Type (See back of page)
Certified food handler THNON CLAPE SERUSARE 3/3/24 EXP		12_345
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE C     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S		N THE NARRATIVE BELOW AS "R"
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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		In ar	
Establishment name GYPSY MOON NOSH WAGON	Telephone Number  ( ) Establishment	Date of Inspection	ID#
Establishment address	( ) Owner	6/16/23	
WHITEMSY & BLOOMS	Purpose:	Follow-up Release	g Datej_
Owner	1. Routine	Follow-up Releas	16/23
TACKIP WHITE	2. Follow-up	Summary of Violat	ions:
Owner address	3. Complaint	110	_
	4. Pre-Operational	N (5	
Person in charge	5. Temporary	CNC_	R
JACKIE WITITE	6. HACCP	. D.ESPER GOLL CO.	a paged
Responsible person's email	7. Other (list)	Menu Type (See )	pack of page)
Certified food handler 600 1200		1 6 10	4 5
Certified food handler  JACKIB WHIP (SERUSAFE)	(13/25)		45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NAR	RATIVE COLUMNS MARKED "C"		
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Establishment Sanitation Requirements. The time limit for correct	non of each violation is specified	in the narrative portion (	or tins report.
Establishment name	Telephone Number	Date of Inspection	ID#
MILLIES De Coopm co.	( ) Establishment	6/16/23	2634
Establishment address	( ) Owner		
WHIMSY & BLOOMS)	Purpose:	Follow-up Release	Date 1/22
SAMANTHA ANGEL	1. Routine	S G G G G G G G G G G G G G G G G G G G	130 1 VO
	2. Follow-up	Summary of Violatio	ons:
Owner address	3. Complaint	2/5	
	4. Pre-Operational	100	consists of Circles
Person in charge  Desse A-MGL	5. Temporary	CNC	R
Responsible person's email	6. HACCP	25 T (C 1	1 ()
Responsible person's email	7. Other (list)	Menu Type (See ba	ick of page)
Certified food handler	Town to the second seco	P. O	4 5
SAMANVAA ANGEL (Ser	SAPE 5/16/25")		_45
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Establishment name	Telephone Number	Date of Inspection	ID#
THE YELLOW ROSP TX BBQ G. LLC	( ) Establishment	6/16/23	m 2652
Establishment address	( ) Owner		
WHOMSY of BLOOMS	Purpose:	Follow-up Releas	se Date
Owner - 2	1. Routine	Construction of the last of th	
ANTHONY MINDORMAN	2. Follow-up	Summary of Viola	tions:
Owner address	3. Complaint	1 - 1	
	4. Pre-Operational	N17	
Person in charge	5. Temporary	CNC	R
ANTHONY MINDERMAN	6. HACCP	remails books and	Lau rojer
Responsible person's email	7. Other (tist) MOBTLE	Menu Type (See	back of page)
Certified food handler, MID DE MAN SORUSATE		1_(2)73	45
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