Johnson County Health Department	
Date Paid <u>5-26</u> -23	
460 N Morton St. Suite A	Receipt # 2022
Franklin, IN 46131	Staff Initials RD
Phone 317-346-4365 Fax 317-736-5264	
Temporary Food Service Establishment Application for Licer All permits are valid for 14 days or less, used for specific event listed, nonreful transferrable. The undersigned agrees to operate under the retail food establishment requirements outlined under 410 IAC 7-24. We accept cash, cashiest money orders, company checks or credit card over the phone. (no personal chaccepted) Fee is \$30.00. Application and fee must be submitted at least 48 hours prior to the intended date of of Applicant Information	ndable and non- ishment r's checks, ecks will be
Date of Application 5-23-2023 *LOC ID:	
Attach copy of your Registered Certificate.	Retail Merchant
Name of Applicant Brett + Amy Kleppe	
Establishment or organization A+B Concession	
Establishment or organization address 3027 E Pollawatomie City, State and Zip Bloom Field IN 47424 Phone 812-929	Rd -1413
Mobile Phone 812-929-1413 Email rychatejun	
Name of Certified Food Manager (provide copy of certificate) Brett Clep	

Event Information

Name of Event Johnson Co 4-1+ Fair Date of Event July 16-22 2023

Number of days of operation and times that food will be served 7 DAYS 4pm-10 pm

Address of Event 250 Fairgound St. Franklin JW 46131

Event Coordinator Name and Phone Number Jerri Thompson 317-716-7122

Facility Information (cit	rcle one)					
Type of Structure:	Trailer	Tent	Cart		Inside b	ouilding
Type of Power Source:(Will plug into	source	Generator	Nor	ne needed	
Type of Handwashing:	Sink The	rmos with sp	oigot Urn	Oth	er	
Type of Dishwashing:	3 Compartm	ent sink	Tubs/Buckets	Oth	er	
Water Supply Source	ves					
Wastewater Disposal Si	te / yes					
	(
Food Product Informat List all food and bevera				Fur	inel	CAKES
List of items that will be safely)	prepared at otl	ner locations	and brought t	o the ev	ent (items m	ust be transported
Location where those it	ems will be prep	pared and br	ought to the e	vent		
Applicant Signature(Dun,	Orp	r	Date _	5-2	3-2023
Document1			3/9/2021 12:45:00 PM	M1/13/2023		





751 Forum Drive, Suite 220, Orlando, FL 32821 300) 446-0257 F (407) 352-3603 www.NRFSP.com National Registry of Food Safety Professionals*

BRETT A KLEPPE

HAS SUCCESSFULLY SATISFIED THE REQUIREMENTS FOR THE

FOOD SAFETY MANAGER UNDER THE CONFERENCE FOR FOOD PROTECTION STANDARDS



LAWRENCE J. LYNCH, CAE

ISSUE DATE: MARCH 25, 2021 **EXPIRATION DATE: MARCH 25, 2026** CERTIFICATE No: 21736435 TEST FORM: EXE91

> This certificate is not valid for more than five years from date of issue.



Notification of Test Results

D#: xxx-xx-

Scaled Test Score: 80 Candidate Status: Pass Test Date: March 25, 2021

Congratulations! Attached is your certificate and wallet card. Please notify he National Registry of name or address changes at the address below.



6751 Forum Drive Suite 220 Orlando, FL 32821

Toll Free (800) 445-0257

hone (407) 352-383 Fax (407) 352-3603

www.NRESP.com

National Registry of Food Safety Professionals CERTIFIED FOOD SAFETY MANAGER

BRETT A KLEPPE

Certificate No: 21736435 Issue Date: March 25, 2021 Expiration Date: March 25, 2026

BRETT A KLEPPE 3027 E POTTAWATOMIE RD BLOOMFIELD, IN 47424

Ensuring Personal Hygiene (Mastered) Managing Food Holding Time and Temperatures (Competent) Preventing Contamination, Cross-Contamination, and Cross-Contact (Competent) Aanaging Cooking Times and Temperatures (Needs review) Monitoring the Flow of Foods (Needs review) Actively Managing Controls in a Food Establishment (Competent) Managing the Physical Food Establishment/Equipment Design and Maintenance (Competent) Managing Cleaning and Sanitizing Activities (Needs review)

National Registry of Food Safety Professionals® | 6751 Forum Drive Ste 220 | Orlando, FL 32821 | Phone: 407.352.3830 | Fax: 407.352.3603



REGISTERED RETAIL MERCHANT CERTIFICATE

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

KLEPPE BRETT 3027 E POTTAWATOMIE RD BLOOMFIELD IN 47424-4683

LOC ID

0166960624-001

ISSUED

March 31, 2023

EXPIRES

April 30, 2025

THIS LICENSE:

IS NOT TRANSFERRABLE TO ANY OTHER PERSON. IS NOT SUBJECT TO REBATE.

IS VOID IF ALTERED.



ADDRESS ABOVE IF DIFFERENT FROM BELOW.

IS AUTHORIZED TO COLLECT INDIANA RETAIL SALES TAX AT THE

1.50

BRETT A. KLEPPE 3027 E POTTAWATOMIE RD BLOOMFIELD IN 47424-4683

COMMISSIONER

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN



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

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

Establishment nam	e		Telephone Number	Date of Inspection	ID#
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Establishment addr	ess		() Owner	1-61-6	1 Le my
	Fr	\mathcal{L}	Purpose:	Follow-up Releas	e Date
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			2. Follow-up	Summary of Violat	ions:
Owner address			3. Complaint		
			4. Pre-Operational		
Person in charge				x	D
rerson in charge			5. Temporary	I CA NA	K
D	1a	1	6. HACCP	Nr. /C /C 1	h - f n)
Responsible person	s emai	ш	7. Other (list)	Menu Type (See l	oack of page)
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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

Date Paid $\frac{7-13-23}{8}$ Receipt # $\frac{20728}{8}$ Staff Initials $\frac{1}{8}$

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 <u>48 hours</u> prior to the intended date of operation.

Applicant Information

	0004362640
Date of Application 07/12/23_ State Retail Merchant	ID#(provide copy)
Name of Applicant Cosmo Corporation	
Establishment or organization Augt Christy's	Lemon &CHURRO
	05 N. 3rd Street
City, State and Zip Cambridge City, IN 4732	7 _{Phone} 765-914-0628
Mobile Phone765542-8486 Email	osmoco1@comcast.net
Name of Certified Food Manager (provide copy of certif	icate) Tim or Christina Bohlander
Event Information Name of Event JOHNSON CO 4-H FAIR	Date of Event JULY16-22,2023
Number of days of operation and times that food will b	e served 7 5-11PM
Address of Event100 FAIR GROU	NDS RD FRANKLIN, IN
Event Coordinator Name and Phone Number	
Type of Structure: Trailer Tent Type of Power Source: Will plug into source Type of Handwashing: Sink Thermos with spigo Type of Dishwashing: 3 Compartment sink Tu Water Supply Source CITY Wastewater Disposal Site blue BOY	None needed Urn Other Other
Food Product Information (home prepared foods are related and beverages that will be prepared and second and second are related and second are related and second are related as the second are related	rved Lemon Shake Ups
List of items that will be prepared at other locations an safely)	d brought to the event (items must be transported
Location where those items will be prepared and broug	ht to the event
Applicant Signature Christina Bohland	der



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

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

Establishment name	Telephone Number	Date of Inspection	ID#
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Owner address	3. Complaint		
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Person in charge	5. Temporary	C NC)R
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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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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

Date Paid _	1-12-23
Receipt #	20721
Staff Initials	RO

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.

Applicant Information

Applicant information
Date of Application <u>87/12 23</u> State Retail Merchant ID# <u>ტ</u> し (provide copy)
Name of Applicant Joshcen Ford
Establishment or organization Cap'n Frosty
Establishment or organization address 43245 Websder Ld
City, State and Zip wellington OA Phone (440) 856-3679
Mobile Phone (440) 856-3679 Email Capafrosty 18 & gmail, con
Name of Certified Food Manager (provide copy of certificate) Joshua Cord
Event Information Name of Event Johnson County Fair Date of Event 7/16 - 7/22
Number of days of operation and times that food will be served 7 day 5
Address of Event 250 fair ground St Franklin, IN 46131
Event Coordinator Name and Phone Number
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 Generator Work Supply Source Generator Tubs/Buckets Other
Eist all food and beverages that will be prepared and served Ice Cream, Miltshafes Buzzards ABA Blizzards, Sundae 4 Floot List of items that will be prepared at other locations and brought to the event (items must be transported safely) NA
Location where those items will be prepared and brought to the event
Applicant Signature Date

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



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

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

Establishment nar	N	7	Frosty	Telephone Number () Establishment	Date of Inspection	3 ID#	
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Owner address Person in charge Responsible person's email Certified food handler				 Follow-up Complaint Pre-Operational Temporary HACCP Other (list) 	Menu Type (See back of page)		
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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

Date Paid	7-10-23
Receipt#	20667
Staff Initia	Is RD

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)

Application and fee must be submitted at least 48 hours prior to the intended date of operation. **Applicant Information** Date of Application 6/30/23 State Retail Merchant ID# 78-80/89/7454-4 (provide copy) Establishment or organization address Mobile Phone Name of Certified Food Manager (provide copy of certificate) **Event Information** Date of Event Name of Event ____ Number of days of operation and times that food will be served Event Coordinator Name and Phone Number Facility Information (check one) Tent Inside building Trailer 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: 23 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 DISTUIC 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 **Zoull**



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

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

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Establishment name CTRUCB BUBB Establishment address	Telephone Number Date of Ins	spection ID#
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erson in charge	5. Temporary C	NCR_
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Applicant Signature

Document1

Johnson County Health Department

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

Date Paid	7-10-23
Receipt #	20672
Staff Initia	Is RD

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 1023 State Retail Merchant ID# 602893 4 (projide copy) Name of Applicant Establishment or organization Establishment or organization address Mobile Phone Name of Certified Food Manager (provide copy of certificate) Event Information -John Son County Fa Date of Event 7-16-23 Name of Event Number of days of operation and times that food will be served Event Coordinator Name and Phone Number Facility Information (check one) Cart Inside building Type of Structure: Trailer Tent 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 _ Wastewater Disposal Site Oh Sit Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served +List of items that will be prepared at other locations and brought to the event (items must be transported safely) hone Location where those items will be prepared and brought to the event

Date

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



REGISTERED RETAIL MERCHANT CERTIFICATE

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

DAYTONS 196 W BOGGSTOWN RD SHELBYVILLE IN 46176-9706

LOC ID

6028934135-001

ISSUED

March 07, 2023 April 30, 2025

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

EXPIRES

THIS LICENSE:

IS NOT TRANSFERRABLE TO ANY OTHER PERSON. IS NOT SUBJECT TO REBATE.

IS VOID IF ALTERED.





RONNIE PHELPS 196 W BOGGSTOWN RD SHELBYVILLE IN 46176-9706 Robert & Francis J.

COMMISSIONER

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN

- (Cut or Fold Here) -



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

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

Page 1 of

25000000000000000000000000000000000000	ion of each violation is specified		
Establishment name ORYTONS	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address	() Owner	7/17/23	
Jo. Co. FAIR	Purpose:	Follow-up Release	Date /
Owner	1. Routine	7/8	27/23
RON PHELPS	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint	Λ.	
	4. Pre-Operational	MIS	
Person in charge	5. Temporary	CNC	R
RUN PHELPS	6. HACCP	панедаб богишког на	at the
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler PHEZA	MOBILE	12_	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	VE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	HE "SUMMARY OF VIOLATIONS" AND IT	N THE NARRATIVE BELOW A	posterior de la companya del la companya de la comp
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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 9-17-23Receipt # 90760Staff Initials

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 <u>48 hours</u> prior to the intended date of operation.

Applicant Information

Date of Application 7/17/23 State Retail Merchant ID#(provide copy)
Name of Applicant Mark Frazier
Establishment or organization Frazier Fair Foods Veggies
Establishment or organization address PO Box 98
City, State and Zip New Madison Phone 937 470 1281
Mobile Phone 937970 128/ Email work froziern Cool Com
Name of Certified Food Manager (provide copy of certificate) Mark Frazior 2025
Name of Event
Number of days of operation and times that food will be served
Address of Event
Event Coordinator Name and Phone Number
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: Sompartment 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
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 Alas Date 7/17/23
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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	7-17-23
Receipt # _	20760
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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 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.

Document1

Application and fee must be submitted at least <u>48 hours</u> prior to the intended date of operation.

Applicant Information

Applicant Information
Date of Application 1/1/2 3 State Retail Merchant ID#(provide copy)
Name of Applicant Mark Frazier Establishment or organization Frazier Fair Food - STY LOIN TP
Establishment or organization Frezier Yair Hood - SIV LOIT
Establishment or organization address PCB of 97
City, State and Zip Wew Mad Con Phone 937 4701281
Mobile Phone 9374701231 Email markfrowern ad Com
Name of Certified Food Manager (provide copy of ce rtificate)
Name of Event
Number of days of operation and times that food will be served
Address of Event
Event Coordinator Name and Phone Number
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 CT
Food Product Information (home prepared foods are not allowed) List all food and beverages that will be prepared and served
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 Mark 1000 Date 7/17/23

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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 7-1)-23Receipt # 20760Staff Initial

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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 7/16/27 State Retail Merchant ID# _____ (provide copy) Name of Applicant Establishment or organization Frazier Foods -Establishment or organization address POBOX 98 City, State and Zip New Madison Phone 9374701201

Mobile Phone 9374701281 Email was fraziera@aol.com Name of Certified Food Manager (provide copy of certificate) ____ Mark Frazier 20. **Event Information** Number of days of operation and times that food will be served _____ Address of Event Event Coordinator Name and Phone Number _____ Facility Information (check one) Cart Trailer Tent Type of Structure: 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____ 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 Mantagar

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

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

Establishment name FRAZIEN TRATOR Establishment address Owner MARK FRAZIER Owner address Person in charge ARRO SULTIAN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary	Follow-up Relea Summary of Viola CNC_	se Date 23 tions:
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See 12_3_	back of page)
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARF VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED	RATIVE COLUMNS MARKED "C"	IN THE NARRATIVE BELOW	
x chest freeze	Narrative SPOCK R 5 PSIDE TO TOO SCOOP ON TOO TOO STILL UNFT - NO I	viQ9r	To Be Corrected by
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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 narrative portion of this report.

Establishment name Telephone Number Date of Inspection ID#) Establishment Establishment address) Owner Purpose: Follow-up Release Date Owner 1. Routine Summary of Violations: 2. Follow-up Owner address 3. Complaint 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) 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" To Be Corrected by C/NC Narrative Section # ON Inspected by (name and title printed): Received by (name and title printed): Inspected by (signature): Received by (signature): cc: cc: cc:



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 narrative portion of this report.

Establishment name FRAZIOR FRIO VOGSTO Establishment address Owner WARK FRIER Owner address Person in charge CHRITTOPHER 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)	Date of Inspection 7/17/33 Follow-up Release Summary of Violation CNC	Date 2723 ons:
Certified food handler	MOBICO	13	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE CHECKLIST AND NARRAT		IN 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

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

Establishment name MARKS SPEAK TEPS	Telephone Number () Establishment	Date of Inspection	ID#
Establishment address	() Owner	1/11/100	
Jo. Co. FAIR	Purpose:	Follow-up Release	Date /
MARK FRAZIER	1. Routine	Summary of Violati	x 7 /0/5
Owner address	2. Follow-up 3. Complaint	Summary of Violati	0110.
	4. Pre-Operational	NI	
Person in charge	5. Temporary	C NC	R
Person in charge DEON TRYCOR	6. HACCP	in the other backers.	constant
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
Certified food handler MARK TABLER	MOBILE	12	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NA VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOT	ED IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	
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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	7-10-2
Receipt #	20667
Staff Initial	s ev

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)

Application and fee must be submitted at least <u>48 hours</u> prior to the intended date of operation. <u>Applicant Information</u>
Date of Application 6-26-23 State Retail Merchant ID# 46-2182656 (provide copy)
Name of Applicant Holy Cox Creemery JASON Lee
Establishment or organization Lee's Midwey fun Concessions
Establishment or organization address 303 Cincoln way South
City, State and Zip Ligoniur IN 46767 Phone
Mobile Phone 574-304-5078 Email midwayfur concessions og mall, cor
Name of Certified Food Manager (provide copy of certificate) JASON LRL
Name of Event Johnson County 4H For Date of Event 7-17 to 7-22
Number of days of operation and times that food will be served 6 days Noon to midnight
Address of Event 250 Fairgooded 57. Franklin IN 46/31
Event Coordinator Name and Phone Number Johnson County 4-H Fair Committee
Type of Structure: Traile 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 Local Source Card Holding Tank Wastewater Disposal Site Local Disposal Si
List all food and beverages that will be prepared and served Ice Cream (ones + Sundaes) List of items that will be prepared at other locations and brought to the event (items must be transported safely) NA
Location where those items will be prepared and brought to the event P/D
Applicant Signature Date6-26-23

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

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

Establishment Sanitation Requirements. The time limit for co	rrection of each violation is specifie		of this report.	
Establishment name	Telephone Number	Date of Inspection	ID#	
Establishment address	() Establishment	7-19-23		
Establishment address	() Owner	' ' - '		
10000 2011	Purpose:	Follow-up Release	Date	
Owner	1. Routine	7.	-29-25	
	2. Follow-ip	Summary of Violati	ons:	
Owner address	3. Complaint			
	4. Pre-Operational			
Person in charge	5. Temporary	C NC R		
ZILLMELLZ WILLIAM TO THE TOTAL TO THE T	6. HACCP			
Responsible person's email		Menu Type (See back of page)		
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Certified food handler		1 2 2 2	4 5	
		123	_45	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARI	RATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW A	S "R"	
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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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Establishment name			Creaman	Telephone Number () Establishment	Date of Inspection	ID#	
Establishment name Holy Cow CVEOM OV Establishment address Owner		() Owner	7-19-25				
		Purpose: 1. Routine	Follow-up Release Date 7-29-23				
				2. Follow-up	Summary of Violations:		
Owner addr	ess			3. Complaint 4. Pre-Operational			
Person in charge			Tileiak - Louis very gardinkon	5. Temporary	C NC R		
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

Establishment name Hon Establishment address JC Fau Owner Owner Person in charge	ne made	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Date of Inspection ID# 7-18-23 5-15 Follow-up Release Date Summary of Violations: CNCR Menu Type (See back of page)	
Certified food handler	Coffeeday Algorithms Little		pin on a capitaling cooling.	
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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

	equirements. The time limit for correcti			n uns report.
Establishment name		Telephone Number	Date of Inspection	ID#
Holy Cow C	reamery	() Establishment	7-18-23	
Establishment address	٥	() Owner	4:30	لم
JC Fair		Purpose:	Follow-up Release	
Owner		1. Routine		
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Owner address		3. Complaint		
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Person in charge		5. Temporary	CNC	D
r croon in charge		-	C NC	N
Responsible person's email		6. HACCP	Many Town (See les	ah of page)
Responsible person's email		7. Other (list)	Menu Type (See ba	ck of page)
Certified food handler		-	1	
Jason Lee			13	_45
	TIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"		
	I PREVIOUS INSPECTIONS ARE DENOTED IN TH		N THE NARRATIVE BELOW AS	"R"
Section # C/NC R		Narrative	<u>'</u>	To Be Corrected by
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