



## Johnson County Health Department

Date Paid 5-26-23

460 N Morton St. Suite A

Receipt # 20221

Franklin, IN 46131

Staff Initials RD

Phone 317-346-4365 Fax 317-736-5264

### 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 5-23-2023 \*LOC ID:

Attach copy of your Registered Retail Merchant Certificate.

Name of Applicant Brett + Amy Kleppe

Establishment or organization A+B Concession

Establishment or organization address 3027 E Pottawatomie Rd

City, State and Zip Bloomfield IN 47424 Phone 812-929-1413

Mobile Phone 812-929-1413 Email ryebat@juno.com

Name of Certified Food Manager (provide copy of certificate) Brett Kleppe

#### Event Information

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

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

Address of Event 250 Fairground St. Franklin IN 46131

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

**Facility Information (circle 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 yes  
Wastewater Disposal Site yes

**Food Product Information (home prepared foods are not allowed)**

List all food and beverages that will be prepared and served Funnel cakes

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 Amy Klypp Date 5-23-2023



751 Forum Drive, Suite 220, Orlando, FL 32821  
(800) 446-0257 F (407) 352-3603 [www.NRFSP.com](http://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

PRESIDENT:

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

ID#: xxx-xx-  
Scaled Test Score: 80  
Candidate Status: Pass  
Test Date: March 25, 2021



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

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

**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*)  
Managing 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



# JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

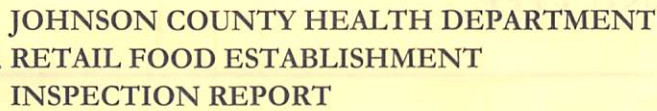
460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

Beley  
7/18

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.

[illegible]





Belton  
7/18

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

- 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"

Received by (name and title printed): Margaret A. Morton	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): Margaret A. Morton	Inspected by (signature): Liz Schultz
cc:	cc: 317-346-4373



# Johnson County Health Department

460 N Morton St. Suite A

Franklin, IN 46131

Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-13-23  
Receipt # 20728  
Staff Initials kd

## 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 07/12/23 State Retail Merchant ID# 0004362640 (provide copy)

Name of Applicant Cosmo Corporation

Establishment or organization Aunt Christy's Lemon & CHURRO

Establishment or organization address 705 N. 3rd Street

City, State and Zip Cambridge City, IN 47327 Phone 765-914-0628

Mobile Phone 765542-8486 Email cosmoco1@comcast.net

Name of Certified Food Manager (provide copy of certificate) Tim or Christina Bohlander

### Event Information

Name of Event JOHNSON CO 4-H FAIR Date of Event JULY 16-22, 2023

Number of days of operation and times that food will be served 7 5-11PM

Address of Event 100 FAIR GROUNDS RD FRANKLIN, IN

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 CITY

Wastewater Disposal Site BLUE BOY

### Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served CHUROS Lemon Shake Ups

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 Christina Bohlander Date 07/12/2023





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 <b>Aunt Christy's Lemon &amp; Churns</b>	Telephone Number <b>Establishment</b> ( ) Owner	Date of Inspection <b>7-18-23</b>	ID# <b>temp</b>
Establishment address <b>J.C. Fair</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>7-28-23</b>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>  </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
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"

[illegible]

Received by (name and title printed): Elijah Logston		Inspected by (name and title printed): Cassie Hines
Received by (signature): 		Inspected by (signature): 
cc:	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

**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 <b>Big Lindsey's</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7-17-23</b>	ID# <b>51418</b>
Establishment address <b>J.C. Fair</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>7-27-23</b>
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler <b>Diane Hartman (STP 5/27/24)</b>			

- 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"

[illegible]

Received by (name and title printed): Lindy Hartman		Inspected by (name and title printed): Cass Hall
Received by (signature): Lindy Hartman		Inspected by (signature): Cass Hall
cc:	cc:	cc:

**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 <b>Billboard</b>	Telephone Number ( ) Establishment	Date of Inspection <b>7-17-23</b>	ID# <b>Temp.</b>
Establishment address <b>J.C. Fair</b>	( ) Owner	Follow-up <b>yes</b>	Release Date <b>7-27-23</b>
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Summary of Violations:  <b>C 1 NC 0 R</b>	
Owner address		Menu Type (See back of page)	
Person in charge		<b>1 2 X 3 4 5</b>	
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
187	C		- Observed corn dogs hot holding @ 94°F - 104°F ↳ Shall be 135°F or more. - Observed 12 door prep cooler Ambient air temperature @ 41°F ↳ Observed internal food temperature between 46°F - 52°F Note: - Observed no food thermometer	
			Note: Sanitizer Sanitation shall be 50 ppm - 100ppm.	

Received by (name and title printed): Sheila Collins	Inspected by (name and title printed): Cassie Hall
Received by (signature): Sheila Collins	Inspected by (signature): Cassie Hall
cc:	cc:



## Johnson County Health Department

460 N Morton St. Suite A

Franklin, IN 46131

Phone 317-346-4365 Fax 317-736-5264

Date Paid 7-12-23

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.**

Application and fee must be submitted at least **48 hours** prior to the intended date of operation.

#### Applicant Information

Date of Application 07/12/23 State Retail Merchant ID# 01 (provide copy)

Name of Applicant Joshua Ford

Establishment or organization Cap'n Frosty

Establishment or organization address 43245 Webster Rd

City, State and Zip Wellington OH Phone (440) 856-3679

Mobile Phone (440) 856-3679 Email CapnFrosty18@gmail.com

Name of Certified Food Manager (provide copy of certificate) Joshua Ford

#### 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 days

Address of Event 250 Fairground St Franklin, IN 46131

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 city fairgrounds

Wastewater Disposal Site Fair grounds

#### Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served Ice Cream, Milkshakes  
Buzzards AKA Blizzards, Sundae & Float

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 N/A

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_









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.

- 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"

[illegible]

Received by (name and title printed): <b>Joshua Ford</b>		Inspected by (name and title printed): <b>Paul Britton / Andrew Miller</b>
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



## 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 Initials 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

Date of Application 6/30/23 State Retail Merchant ID# 78-8018917454-4 (provide copy)

Name of Applicant Louie Barnett

Establishment or organization Circle B Bubble Bar

Establishment or organization address 803 Lincolnway S.

City, State and Zip Ligonier, IN 46767 Phone 260-233-1001

Mobile Phone same Email mistyautumn44@yahoo.com

Name of Certified Food Manager (provide copy of certificate) Misty Michael

#### 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 days

Address of Event 250 Fairground St. Franklin, IN

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 Bursting Bubble Drinks

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 Louie Barnett Date 6/30/23

# 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



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 <b>CIRCLE B BUBBLE BAR</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/17/23</b>	ID# _____
Establishment address <b>50. CO. FAIR</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u><b>MURBIE</b></u>	Follow-up _____	Release Date <b>7/27/23</b>
Owner <b>LOUIE BARNETT</b>		Summary of Violations:    C _____ NC _____ R _____	
Owner address			
Person in charge <b>LOUIE BARNETT</b>		Menu Type (See back of page) 1 _____ 2 <u><b>3</b></u> 4 _____ 5 _____	
Responsible person's email			
Certified food handler <b>MISTY MICHAEL (6/25/24 exp. SERVSAFE)</b>			

- 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"

[illegible]

Received by (name and title printed): ★ Louise Barnett		Inspected by (name and title printed): Bob Smith / Kevin Paulin
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:





## 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 Initials 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

Date of Application 7-10-23 State Retail Merchant ID# 6028934638-001 (provide copy)

Name of Applicant Ron Phelps

Establishment or organization Daytons

Establishment or organization address 196 West Boggstown Rd

City, State and Zip Shelbyville IN 46174 Phone 317-835-5123

Mobile Phone \_\_\_\_\_ Email robin Phelps@hotmail.com

Name of Certified Food Manager (provide copy of certificate) Kathleen Cooper

#### Event Information

Name of Event Johnson County Fair Date of Event 7-16-23

Number of days of operation and times that food will be served 7

Address of Event Johnson County Fairgrounds

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 on site

Wastewater Disposal Site on site

#### Food Product Information (home prepared foods are not allowed)

List all food and beverages that will be prepared and served fish, Tenderloins, Philly's Burgers etc

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 7-10-23







460 N. MORTON ST. STE A /  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>DAYTON'S</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/17/23</b>	ID# ←
Establishment address <b>Jo. Co. FAIR</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date <b>7/27/23</b>
Owner <b>RON PHELPS</b>		Summary of Violations:  <b>WIS</b> C — <del>NC</del> — <del>R</del>	
Owner address			
Person in charge <b>RON PHELPS</b>			
Responsible person's email		Menu Type (See back of page) 1 — 2 <del>3</del> 4 — 5 —	
Certified food handler ← <b>RON PHELPS</b>	<b>MOBILE</b>		

- 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"

[illegible]

Received by (name and title printed): <i>John F. Smith</i>	Inspected by (name and title printed): <i>Bob Smith EHS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>BL</i>
cc:	cc:



## 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

Staff Initials OP  
POK P

### 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 7/17/23 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 937 470 1281 Email markfrazier@ed.com

Name of Certified Food Manager (provide copy of certificate) Mark Frazier 2025

#### Event Information

Name of Event Johnson Co Fair Date of Event 7/16-22/23

Number of days of operation and times that food will be served \_\_\_\_\_

Address of Event \_\_\_\_\_

Event Coordinator Name and Phone Number M

#### 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 City

#### 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 Frazier Date 7/17/23



# 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  
Staff Initials SK

## 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 7/17/23 State Retail Merchant ID# \_\_\_\_\_ (provide copy)

Name of Applicant Mark Frazier

Establishment or organization Frazier Fair Food - Sir Loin Tip

Establishment or organization address PO Box 97

City, State and Zip New Madison Phone 937 470 1281

Mobile Phone 937 470 1281 Email markfrazier@uol.com

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

### Event Information

Name of Event Johnson Co Fair Date of Event 7/16/22 / 23

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)

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 City

### 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 Frazier

Date 7/17/23





## 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

Staff Initials SP  
took P

### 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 7/16/23 State Retail Merchant ID# \_\_\_\_\_ (provide copy)

Name of Applicant \_\_\_\_\_

Establishment or organization Frazier Fair Foods - Sausage

Establishment or organization address PO Box 98

City, State and Zip New Madison Phone 937 470 1281

Mobile Phone 937 470 1281 Email mark@frazierfa.com

Name of Certified Food Manager (provide copy of certificate) Mark Frazier 2025

#### Event Information

Name of Event Johnson Co Fair Date of Event 7/16-22/23

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)

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 city

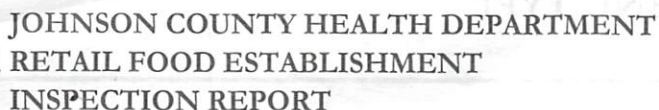
#### Food Product Information (home prepared foods are not allowed)

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 Frazier Date 7/17/23



460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
Office 317-346-4365 Fax 317-736-5264

Establishment name <b>FRAZIER TRATOR</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/17/23</b>	ID#
Establishment address <b>SAUSAGE / CHEESEBURGER</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>7/27/23</b>
Owner <b>MARK FRAZIER</b>		Summary of Violations:  <b>N/S</b> C <u>      </u> NC <u>      </u> R <u>      </u>	
Owner address		Menu Type (See back of page)  1 <u>      </u> 2 <u>      </u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>	
Person in charge <b>AARON SULLIVAN</b>			
Responsible person's email			
Certified food handler <b>MOBIE</b>			

- [illegible]

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.

Establishment name <b>FRAZIER (MARK'S)</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/17/23</b>	ID# _____
Establishment address	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up _____	Release Date _____
Owner		Summary of Violations:  C <u>  NS  </u> NC _____ R _____	
Owner address			
Person in charge		Menu Type (See back of page)  1 _____ 2 <u>  3  </u> 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"

[illegible]

Received by (name and title printed):		Inspected by (name and title printed): Bob Jm MH
Received by (signature):		Inspected by (signature):
cc:	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

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 <b>FRAZIER (FRIED VEGGIES)</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/17/23</b>	ID# <b>_____</b>
Establishment address <b>Jo. Co FRIED</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>mobile</b>	Follow-up <b>_____</b>	Release Date <b>7/27/23</b>
Owner <b>MARK FRAZIER</b>		Summary of Violations:  <b>NLS</b> <b>C _____ NC _____ R _____</b>	
Owner address <b>_____</b>		Menu Type (See back of page) <b>1 _____ 2 _____ 3 _____ 4 _____ 5 _____</b>	
Person in charge <b>CHRISTOPHER K</b>			
Responsible person's email <b>_____</b>			
Certified food handler <b>_____</b>			

- 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"

[illegible]

Received by (name and title printed): Christopher Kosakowski		Inspected by (name and title printed): Bob Smith / R. Paulina
Received by (signature): C. Kosakowski		Inspected by (signature): [Signature]
cc:	cc:	cc:



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.

[illegible]



## 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 Initials RV

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 6-26-23 State Retail Merchant ID# 46-2182656 (provide copy)  
Name of Applicant Holy Cow Creamery / JASON LEE  
Establishment or organization Lee's Midway Fun Concessions  
Establishment or organization address 303 Lincolnway South  
City, State and Zip Ligonier IN 46767 Phone \_\_\_\_\_  
Mobile Phone 574-304-5078 Email midwayfunconcessions@gmail.com  
Name of Certified Food Manager (provide copy of certificate) JASON LEE

### Event Information

Name of Event Johnson County 4H Fair 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 Fairground St. Franklin IN 46131  
Event Coordinator Name and Phone Number Johnson County 4-H Fair Committee

### 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 Local source and holding tank  
Wastewater Disposal Site Local disposal site and holding tank

### Food Product Information

List all food and beverages that will be prepared and served Ice Cream Cones & Sundae  
Canned Soda  
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 N/A

Applicant Signature \_\_\_\_\_


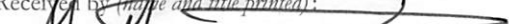

Date 6-26-23



7/21

Establishment name <i>Gessner - Homemade</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7-19-23</i>	ID#
Establishment address <i>JOCO SAIV</i>	Purpose: 1. Routine <u>2. Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>7-29-23</i>
Owner		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 <u>X</u> 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler			

- [illegible]

Received by (name and title printed): 		Inspected by (name and title printed): Caitlyn Pfenner
Received by (signature): 		Inspected by (signature): 
cc:	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


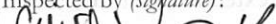
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

**Establishment Sanitation Requirements.** The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Holy Cow Creamery</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7-19-25</i>	ID#
Establishment address <i>Joco Fair</i>	Purpose: 1. Routine 2. <u>Follow-up</u> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>7-29-25</i>
Owner		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 <u>X</u> 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"

[illegible]

Received by (name and title printed): Jason Lee		Inspected by (name and title printed): Caitlyn Fleener
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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>Hestner Homemade</i>	Telephone Number ( ) Establishment	Date of Inspection <i>7-18-23</i>	ID#
Establishment address <i>JC Fair</i>	( ) Owner	<i>5:15p</i>	
Owner	Purpose:	Follow-up	Release Date
	1. Routine	Summary of Violations:  C _____ NC _____ R _____	
	2. Follow-up		
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. <u>Temporary</u>		
	6. HACCP	Menu Type (See back of page)	
Responsible person's email	7. Other (list)		
		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"

[illegible]

Received by (name and title printed): Elizabeth Wilde Gestner	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): Elizabeth Wilde Gestner	Inspected by (signature): Elizabeth Schultz
cc:	cc: 317-346-4373



# 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

**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>Holy Cow Creamery</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7-18-23</i> <i>4:30a</i>	ID#
Establishment address <i>JK Fair</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		Summary of Violations:  C _____ NC _____ R _____	
Owner address		Menu Type (See back of page)  1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Person in charge			
Responsible person's email			
Certified food handler <i>Jason Lee</i>			

- 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
			<p>Taylor Softserve machine holding product @ 58°F @ 4:15pm</p> <p>Product is made from a <del>dry</del> dry mix - just add water. - NON Drying Package states to keep in <del>the</del> Taylor Softserve machine or in the refrigerator.</p> <p>Establishment will put time mixture went into machine &amp; discard after 4 hours.</p>	

Received by (name and title printed): D. J. [Signature] Lee	Inspected by (name and title printed): Elizabeth Schultz
Received by (signature): [Signature]	Inspected by (signature): Elizabeth Schultz
cc:	cc: 317-346-4373