

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>Arlys Concessions</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-19-23</i>	ID#
Establishment address <i>WAMM Fest</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up	Release Date <i>8-29-23</i>
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
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):		Inspected by (name and title printed):
		Caleb Flener
Received by (signature):		Inspected by (signature):
		Caleb Flener
cc:	Fay Jr	cc:



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name XXXXXXXXXXXX (BNG) Cedar Creek	Telephone Number () Establishment () Owner	Date of Inspection 8-19-23	ID# XXXXXXXXXX
Establishment address WHAMM Fest	Purpose: 1. Routine	Follow-up	Release Date 8-29-23
Owner	2. Follow-up	Summary of Violations:	
Owner address	3. Complaint	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge	4. Pre-Operational	Menu Type (See back of page)	
Responsible person's email	5. Temporary	1 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
Certified food handler	6. HACCP		
	7. Other (list)		

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[illegible]



Received by (name and title printed): Mark Wagner		Inspected by (name and title printed): Colin Fleener
Received by (signature): Mark Wagner		Inspected by (signature): Colin Fleener
cc:	cc:	cc:



A *Belm*
8/21

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Received by (name and title printed): Gwen Williams ~ Manager ✓		Inspected by (name and title printed): Cassie Hall
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 Dang Quesadilla	Telephone Number () Establishment () Owner	Date of Inspection 8-19-23	ID# Temp.
Establishment address WAMM Fest	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 8-29-23
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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler Timothy Ellis (3/10/25)			

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[illegible]



Received by (name and title printed): x <u>Tim Ellis OWNER</u>		Inspected by (name and title printed): <u>Cass; Hall</u>	
Received by (signature): x <u>[Signature]</u>		Inspected by (signature): <u>[Signature]</u>	
cc:		cc:	



Beam
A 8/21

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Received by (name and title printed): Jeanne Farah		Inspected by (name and title printed): Caleb Freese
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:




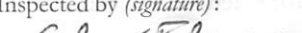
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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>The Lonely Monkey</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-19-23</i>	ID# <i>McKule</i>
Establishment address <i>WAMM</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>8-29-23</i>	Release Date <i>8-29-23</i>
Owner		Summary of Violations:	
Owner address		<i>C</i> <i>NC</i> <i>R</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i>	
Certified food handler			

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[illegible]

Received by (name and title printed): Richard McGiffen	Inspected by (name and title printed): Caleb Flemer
Received by (signature): 	Inspected by (signature): 
cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT



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Establishment name <i>Marco's Pizza</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-19-23</i>	ID# <i>M2552</i>
Establishment address <i>WHAMM Fest</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>8-29-23</i>
Owner		Summary of Violations:	
Owner address		C <u> <i>/</i> </u> NC <u> <i>/</i> </u> R <u> <i>/</i> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 _____ 2 <u> <i>X</i> </u> 3 _____ 4 _____ 5 _____	
Certified food handler			

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[illegible]

Received by (name and title printed):		Inspected by (name and title printed):
		Caleb Fleener
Received by (signature):		Inspected by (signature):
		Caleb Fleener
cc:	cc:	cc:



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

Establishment name My Super Taqueria	Telephone Number () Establishment	Date of Inspection 8-19-23	ID#
Establishment address W Amm Fest	() Owner	Follow-up —	Release Date 8-29-23
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 0 NC 0 R	
Owner address		Menu Type (See back of page)	
Person in charge		1 X 2 3 4 5	
Responsible person's email			
Certified food handler			

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[illegible]

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



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Establishment name <i>Pops Kettle Corn</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>8-19-23</i>	ID# 7412 <i>51874</i>
Establishment address <i>WHAMM Fest</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>8-29-23</i>
Owner		Summary of Violations: C <u> <i>/</i> </u> NC <u> <i>/</i> </u> R <u> <i>/</i> </u>	
Owner address		Menu Type (See back of page) 1 <u> </u> 2 <u> <i>X</i> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Daniel L. Hunt</i>		Inspected by (name and title printed): <i>Caleb Fleener</i>
Received by (signature):		Inspected by (signature): <i>Caleb Fleener</i>
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A

FRANKLIN, IN 46131

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8/21


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

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Establishment name <i>Rmy's Soul/Comfort Food Family LLC</i>	Telephone Number <i>() Establishment</i>	Date of Inspection <i>8-19-23</i>	ID#
Establishment address <i>WAMM fest</i>	() Owner	Follow-up	Release Date
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>mobile</i>	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>Yolanda 2025</i>			

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[illegible]

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



Bek
8/21

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[illegible]

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

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Whiskey River BBQ	Telephone Number () Establishment () Owner	Date of Inspection 8-19-23	ID# temp
Establishment address WAMM fest	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up -	Release Date 8-29-23
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>X</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler			

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[illegible]

Received by (name and title printed): BRAD KUEHL, GM		Inspected by (name and title printed): CASSI HALL	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	