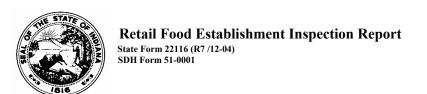


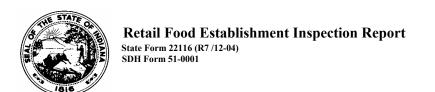
Establishmo 500 N Owner FKG (Owner's Ac	nardt ent Addres Burk Dil Co Idress / Mair	hai hai mp	Belleville, IL, 62220	6 6 Pu	lephone Number 18-233-6754 18-233-6754 rpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u No	r) 0/2017 p Releas	
Responsible Certified Fo			il 		HACCP Other (list)	Menu Ty	pe (See addi	ional page)
- Certifica 1	you manus				· 	1	<u></u>	<u> </u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N					
• VIOLATIO Section#	ON(S) REPE C/NC	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MMA	RY OF VIOLATIONS" AN	D IN THE N		BELOW AS "R" orrected By
Section#	C/NC	K	Narrauve No noted violation	one			10 ве Сс	rrected By
			No noted violation	0113	•			
							<u> </u>	
							<u> </u>	
							- I	
							1	
Jenn		_			ected by (name and title prolin Ward	rinted):		
Received by	(signature)):		Insp	ected by (signature):			
cc:			ce:			cc:		



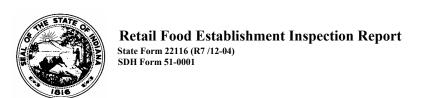
Owner Schnu Owner's A 11420 Person in C Schnu Responsible	ent Addres Bnvl- ICKS N ddress Lack Charge ICKS N e Person's	Mar Aar Aar Aar	her and street, city, state, zip code) I Rd, Evansville, IN, 47725 kets Inc and Rd, St Louis, MO, 63146 kets Inc	Telephone Number (812-464-3500 (314-994-4718) Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u NO Summary	P Release 12/	
Brian I		or inc	NTIETEN IN THE CHECKLIST AND NABBATRIZE COLUMNS	MADKED "C"			
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
199	NC		Improper thawing of froze	en food in deli.			rrected
438	С		Spray bottle not labeled with conter		nent.		rrected
Scott		_	rinted):	Inspected by (name and title processed in Coudr			
Received by	(signature):		Inspected by (signature):			
cc:			cc:		cc:		



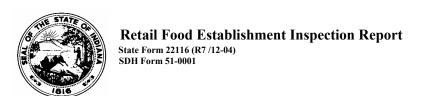
Establishm				Telephone Number Date of Inspection (mm/dd/yr)				
			e Fun Factory	812-471-5867	11/20/		11975	
			mber and street, city, state, zip code)	(0.4.)Owner 0.0004	1 1/20/	2017		
Owner	-rito L	ay	Dr. Ste B, Evansville, IN, 47715			D-1	- D-4-	
All Blo		рΙ	nflatable Rentals	Purpose: Routine	Follow-up NO		Se Date //30/2017	
Owner's A		4 1		Follow-up	Summary of	of Violation	ns:	
		1, 1	Newburgh, IN, 47629-0791	Complaint		() ()	
Person in C		рΙ	nflatable Rentals	Pre-Operational Temporary	C	NC_(P R O	
Responsible	e Person's	E-ma	il	НАССР	Menu Type	: (See addi	tional page)	
C 4'C IE	177 11			Other (list)	$_{1}\bigcirc_{2}($		\bigcap_{i}	
Certified For Dana I		er				<u> </u>	<u>/4050</u>	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violation	ons.				
								
Received by	I (name and	l title 1	printed):	Inspected by (name and title p	rinted):			
Cierr			· · · · · · · · · · · · · · · · · · ·	Colin Ward	ilitea).			
Received by	y (signature):		Inspected by (signature):				
cc:			cc:		cc:			
			1					



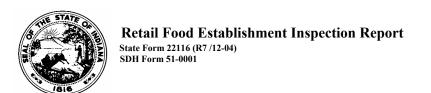
Establishm		Ck	(FISH,LLC)	Telephone Number (812-401-1201	Date of Ins (mm/dd/yr	·)	тр# 11778	
			mber and street, city, state, zip code)	1	11/21	/2017	11776	
			cown Rd, Evansville, IN, 47711					
Owner Stan F	Tichhi	ırn		Purpose:	Follow-u		se Date // 01/2017	
Owner's A		וווג		Routine				
		itov	vn Rd, Evansville, IN, 47711	Follow-up	_	of Violation		
Person in C			,,	Complaint	1, 1	NC	1_{R}	
Stan F	Fishbu	ırn		Pre-Operational	L	. NC	R	
Responsible	e Person's	E-ma	a	Temporary HACCP	Menu Tyj	oe (See addi	tional page)	
G 10 17				Other (list)			\bigcirc	
Certified F Michel			as		$1 \bigcirc 2$	<u> </u>	<u>/405</u>	
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	E NARRATIVE BELOW AS "R"		
Section#	C/NC	R	Narrative			To Be Co	orrected By	
345	С		Hand sink being used for o	ther purposes.		11/2	21/2017	
295	NC		Can opener soil	ed.		11/2	21/2017	
Received by Josh				Inspected by (name and title p	rinted):			
Received by				Inspected by (signature):				
					ı			
cc:			cc:		cc:			



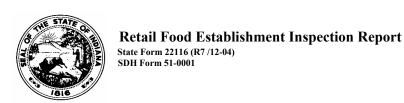
Establishme				Telephone Number	Date of Ins (mm/dd/yr)		ID#
Arby´	s #78	31	5	812-475-1176	` '		11589
			mber and street, city, state, zip code)	(a-)Owner 4 40	11/21	/2017	
6100 E	ELloy	d E	xpressway, Evansville, IN, 47715	6/8-514-43//			
Owner	_			Purpose:	Follow-up		se Date
		tau	rant Group	Routine		12/	01/2017
Owner's Ad		4	Conton Most Atlanta CA 20020	Follow-up	Summary	of Violatio	ns:
		ter	Center West, Atlanta, GA, 30338	Complaint			
Person in C		· au	rant Group	Pre-Operational	c	NC	$I_{R}U$
Responsible				Temporary	Manu Trin	o (Coo addi	tional page)
Kesponsible	e rerson's	c-ma	п	НАССР	Menu Typ	e (see aaai	uonai page)
Certified Fo	ood Handle	r		Other (list)	100	\bigcirc_3 (\bullet	$)_4\bigcirc_5\bigcirc$
Rache			ter			<u></u>	<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> </u>		
					D IN THE N	. DD . TH	DEL OW AG ((D)
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.		
Section#	C/NC	R	Narrative				orrected By
324	NC		Three compartment sink leaking on the side	that holds sanitizer s	olution.	11/2	28/2017
					-		
Received by	` _		· /	Inspected by (name and title pr	rinted):		
Jorda	an Ag	gn	ew	Colin Ward			
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		
					1		



Establishmo Ri Ra				Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-426-0000	11/20	/2017	11568
			erside Dr, Evansville, IN, 47708	⁽ 91 ⁴ -579-2113			
Owner RIRA	Evan	svil	lle LLC	Purpose:	Follow-uj		se Date 30/2017
Owner's Ad				✓ Follow-up	Summary	of Violation	ns:
PO Bo)x 17	50,	Briarcliff Manor, NY, 10541	Complaint		_	
Person in C		svil	lle LLC	Pre-Operational	$_{\rm C}$	NC	$\frac{1}{R}$
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified Fo				Other (list)	1 2	<u></u>	<u>)</u> 4 <u>0</u> 5 <u>0</u>
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO)N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Previous inspection violation	ons corrected.			
Received by	(name and	title p	printed):	Inspected by (name and title pr	rinted):		
				David Hornii	ng		
Received by	(signature)):		Inspected by (signature):			
cc:			cc:		cc:		



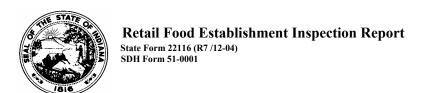
Establishm		.	anta Dan 8 Cuill	Telephone Number	Date of In (mm/dd/y		ID#
		_	orts Bar & Grill	812-401-4630	11/20)/2017	11322
			nber and street, city, state, zip code) River Rd, Evansville, IN, 47715	(812-205-9899	,_,		
Owner O'Bria	ıns Sı	oor	ts Bar & Grill	Purpose: Routine	Follow-u No		e Date 30/2017
Owner's Ac				✓ Follow-up	Summary	of Violation	ns:
		er F	Pte, Evansville, IN, 47715	Complaint		() (
Person in C O'Bria		oor	ts Bar & Grill	Pre-Operational	C O	NC_	J _R U
Responsible	Person's	E-mai	il	Temporary HACCP	Menu Ty	pe <i>(See addii</i>	tional page)
				Other (list)		\bigcirc_3	
Certified For Brandy					1 <u></u> 2	<u> </u>	<u> 405</u>
• CRITICAL	ITEMS AR	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	rrected By
			All violations from 11/	15/2017.			
Received by Brian	,			Inspected by (name and title p			
Received by				Inspected by (signature):	<u> </u>		
cc:			ce:		cc:		



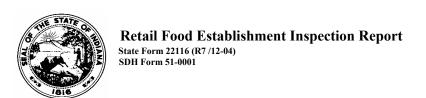
Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID#
Harde				812-476-2059	11/22	/2017	11013
			mber and street, city, state, zip code) Ave, Evansville, IN, 47714	⁽ 812-477-5569			
Owner	, v		. , ,	Purpose:	Follow-uj		se Date
		SO	ciates Inc	Routine	No	12/	02/2017
Owner's A		sko	Rd, Evansville, IN, 47711	Follow-up	Summary	of Violation	as:
Person in C		JNC	Ru, Evalisville, III, 477 I I	Complaint	1	($\frac{1}{R}$
		so	ciates Inc	Pre-Operational	C	NC_	7 R
Responsible				Temporary	Menu Typ	e (See addi	tional page)
				НАССР			
Certified For Terry (er		Other (list)	1 2	<u>3</u>	<u>)4</u> <u>0</u> 5 <u>0</u>
_		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
187	С	R	Cold food items not being held at 41 degrees F	ahrenheit or less in prep	cooler.	11/2	22/2017
D' 11	. (1 4:41		Installant 183			
Terry			printed):	Inspected by (name and title policy Claire Will	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



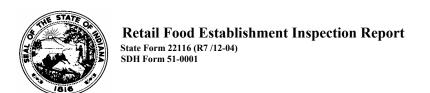
Establishm	_	_		Telephone Number	Date of Insp	ection	ID#
Great	t Stea	ak		812-474-0811	(mm/dd/yr)	2047	10997
			mber and street, city, state, zip code)	(04) Owner 4 0050	11/20/	2017	
800 N C	Green F	Rive	er Rd Suite 100, Evansville, IN, 47715	⁽ 812 ⁻ 431-3656			
Owner				Purpose:	Follow-up		se Date
Austin				✓ Routine	No	11/	30/2017
Owner's Ac			0 . 5	Follow-up	Summary o	f Violation	ns:
		rd (Court , Evansville, IN, 47725	Complaint	\cap	() (
Person in C	0			Pre-Operational	$_{\rm C}$ U	NC_(J _R U
Austin				Temporary			
Responsible	e Person's	E-mai	il	HACCP	Menu Type	(See addi	tional page)
G 18 17				Other (list)	-0.0	7.6	\bigcirc
Certified For Kenne					$1 \bigcirc 2 \bigcirc$	<u>3</u> C	<u>/405</u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		,	Го Ве Со	orrected By
			No noted violation	ons.			
							-
ļ							
	L		D	Y 11 (
Received by Kylee		_		Inspected by (name and title policy Claire Will	rınted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



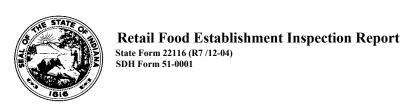
Establishme			a a da #420	Telephone Number Date of Inspection (mm/dd/yr) 10 4 000				
			oods #430	⁽ 812-426-7080		/2017	10885	
			mber and street, city, state, zip code) ylvania St., Evansville, IN, 47712	⁽ 270-843-3252	,			
Owner HOUC	HEN	1 2	NORTH FOODS LLC	Purpose: Routine	Follow-uj		30/2017	
Owner's Ad				✓ Follow-up	Summary	of Violation	ns:	
		09,	BOWLING GREEN, KY, 42102	Complaint	\cap	() (
	HEN		NORTH FOODS LLC	Pre-Operational Temporary	c_U	NC_	J R U	
Responsible	Person's	E-mai	il	НАССР	Menu Typ	e (See addi	tional page)	
C de le	177 11			Other (list)	100	\bigcirc_3	\bigcirc	
Certified For Calie L					102		<u>/4050</u>	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			All violations from 11-08-1	17 corrected.				
Received by Dolor	_			Inspected by (name and title pr Ricardo Zac				
Received by	(signature)):		Inspected by (signature):				
cc:			ce:		cc:			



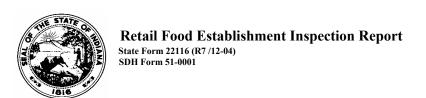
Establishmo 601 E E Owner Budsa Owner's Ad	Tha ent Addres Bnvl-N agon N ddress 1st S charge agon N e Person's	Mey St, F	Princeton, IN, 47670 yer	8 Pur	ephone Number 12-867-2741 12-867-2741 Pose: Routine Follow-up Complaint Pre-Operational Femporary HACCP Other (list)	Follow-u	p Release 12/	01/2017 R_O
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKI	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMAI	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative					rrected By
234	NC		Improper storage of in-u	ise i	utensils.		Co	rected
Received by buds		-			arol Coudr			
Received by			-	Inspe	ected by (signature):			
cc:			сс:			cc:		



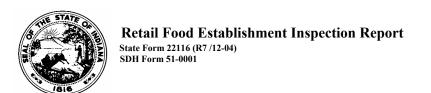
Establishm	ntowr ent Addres .E. 8t	h S	oodmart mber and street, city, state, zip code) St., Evansville, IN, 47713	8 (8 Pu	lephone Number 12-602-3552 12-602-3552 rpose: Routine Follow-up Complaint	Follow-u NO Summary	p Release 11/	_
Person in C				=	Pre-Operational	$_{\rm c}$ $_{\rm U}$	NC_	$\frac{2}{R}$
Responsible			il	=	Temporary HACCP	Menu Tyj	pe <i>(See addi</i>	tional page)
Certified Fo			nt certificate.	\vdash	Other (list)	102	<u></u>	04050
• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	RY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative					orrected By
346	NC		Liquid hand soap needed at hand washing sinks					21/2017
347	NC		Drying paper towels needed for hand sinks in	n bat	throom and service	areas.	11/2	21/2017
Received by Sukh					ected by (name and title pravid Hornii			
Received by	(signature)):		Insp	ected by (signature):			
cc:			cc:			cc:		



			· · · · · · · · · · · · · · · · · · ·					
Establishment Name Hacienda				Telephone Number	Date of Inspection (mm/dd/yr) ID #			
				812-401-2180	11/21	/2017	13828	
			mber and street, city, state, zip code) ew Harmony Rd Suite F, Evansville, IN, 47725	⁽ 812-401-2180	, = .	. 20		
Owner				Purpose:	Follow-u	Releas	se Date	
				Routine	No		01/2017	
Owner's Ac	ddress			Follow-up	Summary	of Violatio	ns.	
				Complaint	<u> </u>	_	_	
Person in C	Charge			Pre-Operational	$_{\rm C}$ U	NC_	$\bigcup_{\mathbf{R}} \mathbf{U}$	
				Temporary				
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)	
Certified F	and Handl			Other (list)				
Linda			:h	final	1 2	<u></u>	<u> </u>	
			 ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
					D IN THE S	ADD ATTITUE	DELOW 40 (P)	
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			Approved for opera	ations.				
Received by	(name and	l title :	printed):	Inspected by (name and title p	rinted):			
-				Carol Coudr				
Received by				Inspected by (signature):				
	(=-0-mun)	, '		-r				
cc:			ce:		cc:			
			ш.					



Establishment Name High Score Saloon				Telephone Number () Establishment	Date of Ins (mm/dd/yr		13831	
Establishment Address (number and street, city, state, zip code)				-		/2017	13031	
323 Main St, Evansville, IN, 47708				812-430-6550				
Owner Clint H	Hoskii	ns	& Jared Neible	Purpose:	Follow-uj		se Date // 01/2017	
Owner's A			- "	Follow-up	Summary	of Violation	ns:	
		n <i>F</i>	Ave., Evansville, IN, 47712	Complaint	\cap	() ()	
Person in C		ns	& Jared Neible	Pre-Operational	c_U	NC_	$\frac{1}{R}$	
Responsibl	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)	
Certified F	17			Other (list)	10,0,0,0			
NA	ood Handi	er		opening		<u> </u>	<u>/4050</u>	
	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"				
• VIOLATIO	ON(S) REPE	EATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			Operation in need of finishing touches applied. Paint bare	e drywall surfaces, repair hole	s in walls.			
			Ok to open.					
Received by Clint				Inspected by (name and title p				
Received by (signature):				Inspected by (signature):				
cc:			cc:		cc:			



Establishment Name				Telephone Number	Date of In	spection	ID#	
The Rooftop Food & Drinks				812-550-1599	(mm/dd/yr) 11/22/2017			
Establishment Address (number and street, city, state, zip code) 112 NW MLK BLVD, Evansville, IN, 47708				⁽ 812-550-1599	1 1/22	72017		
Owner	- D-	-1-		Purpose:	Follow-up Release Date			
Roofto	-	sta	lurant	Routine	No		02/2017	
Owner's Ac	ldress			Follow-up Complaint				
Person in C				Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}_{NC} = \begin{bmatrix} 0 \end{bmatrix}_{R} = \begin{bmatrix} 0 \end{bmatrix}_{R}$			
Roofto	•			Temporary	-			
Responsible	e Person's	E-ma	il	НАССР	Menu Type (See additional page)			
Certified Fo	ood Handle	or		Other (list)	$1\bigcirc 2\bigcirc 3\bigcirc 4\bigcirc 5\bigcirc$			
Richar				final		<u></u>	<u> 4030</u>	
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"	ı			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			Approved for opera	ations.				
				Inspected by (name and title p				
Received by (signature):				Inspected by (signature):				
cc:			cc:		cc:			