

Establishm 6636 Owner Red R Owner's Ad <reda Person in C <reda Responsible Certified F <redac< th=""><th>Robir ent Addres E Lloy Address Cted> Cted> Cted> cted> e Person's</th><th>ss (nu /d Int , E-ma</th><th></th><th>(< red Purpose: ✓ Routine Follow-u Complain Pre-Oper Tempora HACCP</th><th>73-4100 acted> acted> p at rational ry</th><th>Follow-up NO Summary C</th><th>/2024 Releas 01/ of Violation NC_</th><th></th></redac<></reda </reda 	Robir ent Addres E Lloy Address Cted> Cted> Cted> cted> e Person's	ss (nu /d Int , E-ma		(< red Purpose: ✓ Routine Follow-u Complain Pre-Oper Tempora HACCP	73-4100 acted> acted> p at rational ry	Follow-up NO Summary C	/2024 Releas 01/ of Violation NC_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		OLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations noted at time	of inspe	ction			<u> </u>
Received by			-	Inspected by (name and title p	rinted):		
Received by	v (signature):		Inspected by (signature):			
cc:			cc:			cc:		



Establishm 13130 Owner	a Darr ent Address D Darr rd Ke ddress cted> Charge cted> cted> cted> cted>	nne	stadt Inn mber and street, city, state, zip code) adt Rd, Evansville, IN, 47725 edy - JLK Bar Holdings II Inc.	Telephone Number (812-867-7300 (<redacted> Purpose: Purpose: Purpose: Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C Menu Tyj	P Releas 01/ of Violation	B R O
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• VIOLATIO	DN(S) REPE		ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
295	NC		Walk-in shelves in need of clea	ě ,)2/2025
310	NC		Hood system so)2/2025
214	NC		Cutting boards in poor	condition.		01/02/2025	
Received by (name and title printed): <redacted></redacted>				Inspected by (name and title printed): <redacted></redacted>			
Received by	(signature)):		Inspected by (signature):			
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Establishm	en Co ent Addres ross Riddle ddress Cted> Cted> Cted> cted> cted> cted> cted>	ss (nu Poi e E-ma	al # 683 ^{mber and street, city, state, zip code)} int Blvd., Evansville, IN, 47715	Telephone Number (812-473-1095 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	с_ 0	/2024 Releas 01/ of Violation NC_	
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			ENTIFIED 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		<u> </u>		orrected By
			No violations noted at time	of inspection			j
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Received by				Inspected by (name and title provided by (name and title p	rinted):		
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Establishm	ent Name			Telephone Number	Date of In		ID #	
D-Ice			(91からのは100071 (mm/dd/yr)			13841		
		ss (nu	mber and street, city, state, zip code)		01/02	2/2025		
800 N 0	Green I	Rive	er Rd Suite 112, Evansville, IN, 47715	(<redacted></redacted>				
Owner				Purpose:	Follow-u		se Date	
Kim H	Kim Hock Seow				No	01/	12/2025	
Owner's A				Follow-up	Summary	of Violation	15:	
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>1</td><td>(</td><td></td></reda<>				Complaint	1	(
Person in C				Pre-Operational	C	NC_	2_{R}	
<reda Responsible</reda 			-1	Temporary				
Responsible	e rerson s	E-ma		НАССР	Menu Ty	pe (see aaan	tional page)	
Certified F	ood Handl	er		Other (list)	$1 \bigcirc 2$	$()_3 $	$)_{4} \bigcirc _{5} \bigcirc$	
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) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		JD IN THE N	IADDATIVE	DELOW AS "D"	
Section#	C/NC	R	Narrative	WWART OF VIOLATIONS A	D IN THE P		orrected By	
345	C	ĸ		d for other things			·	
			Hand sink in back kitchen use			01/02/2025		
346	NC			Hand soap not provided at hand sink located at front counter.				
347	NC		Paper towels not provided at hand sin	k located at front c	ounter.	01/0)2/2025	
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Establishm	ent Addres E Lloyc Lloyc Line P ddress Cted>	ss (nu d E ink	reamery ^{mber and street, city, state, zip code)} xpy Ste 8A, Evansville, IN, 47715 sston	Telephone Number (812-437-2653 (<redated> Purpose: Routine Follow-up Complaint</redated>	Date of Ins (mm/dd/yr) 12/30 Follow-up NO Summary) /2024	
<reda< td=""><td></td><td>•</td><td></td><td>Pre-Operational</td><td>с_С_</td><td>NC_</td><td><u> </u></td></reda<>		•		Pre-Operational	с_ С _	NC_	<u> </u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>3</u>	$)_4 \bigcirc 5 \bigcirc$
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
	. ,) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations at time of i	inspection.			<u> </u>
Received by	acte	d>		Inspected by (name and title pr credacted >	rinted):		
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Establishm				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID #
Tropical Smoothie Cafe (Byrne Riney Smoothie)				(812-297-9727	(iiiii/dd/yi) 01/03/2	2025	14302
Establishm	ent Addres	ss (nu n D	mber and street, city, state, zip code)	<pre>(<redacted>)</redacted></pre>	01/03/2	2023	
	Gree		iver Rd Ste 5, Evansville, IN, 47715		E-U	D -1	se Date
owner Byrne	Rine	y S	Smoothie Evv	Purpose:	Follow-up		13/2025
Owner's A				Follow-up	Summary of	f Violation	ns:
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>\cap</td><td>(</td><td></td></reda<>		•		Complaint	\cap	(
Person in C				Pre-Operational	с <u></u>	NC_(
Responsible			il	- Temporary	Menu Type	(See addi	tional page)
				НАССР			
Certified F	ood Handl	er		Other (list)	$1 \underline{\bigcirc} 2 \underline{\bigcirc}$	<u>3</u>	$)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$
	ITEMS AI	DE INI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ADVED "C"			
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
			No violations at time of	inspection.			
Received by	(name and	l title i	printed).	Inspected by (name and title p	rinted):		
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Received by	v (signature):		Inspected by (signature):			
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Establishm	4 NI			T-lhNh	Data of Inc	nantion	ID #	
Case			iou it	Telephone Number Date of Inspection ID # (812-480-6595 044 (00 20005 15034				
			mber and street, city, state, zip code)	(812-480-6595	01/02	/2025	15034	
			Ave., Evansville, IN, 47714	<pre>(<redacted>)</redacted></pre>				
Owner				Purpose:	Follow-u	Releas	se Date	
	Casey Keown				No	01/	12/2025	
Owner's A				✔ Routine Follow-up		of Violation		
<reda< td=""><td>cted></td><td>•</td><td></td><td>Complaint</td><td></td><td></td><td></td></reda<>	cted>	•		Complaint				
Person in C				Pre-Operational	$\begin{bmatrix} 0 \end{bmatrix}$		$\mathbf{D}_{\mathbf{R}}$	
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Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	tional page)	
				HACCP	\cap	$\frown \bullet$		
Certified F	ood Handl	er		Other (list)	$1 \underline{\bigcirc} 2$		$\underline{14} \underline{0}_{5} \underline{0}_{5}$	
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	ARKED "C"				
• VIOLATIO	DN(S) REPE	ATED	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	
	Î		No noted violation	ons.				
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Establishm		~		Telephone Number	Date of Ins (mm/dd/yr		ID #	
SUNRISE CAFE FAMILY RESTAURANT				(812-814-1212	01/03	, ,	15323	
			nber and street, city, state, zip code) VER ROAD suit A, Evansv	/illo IN 17715	(<redacted></redacted>	01/00	2020	
Owner	GILLI			/iiie, iii, 47713	Purpose:	Follow-u	Releas	e Date
				Routine	No		13/2025	
Owner's Ac					Follow-up	Summary	of Violation	15:
<reda< td=""><td></td><td>•</td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td></td></reda<>		•			Complaint		(
<reda< td=""><td>0</td><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u></u> О</td><td>NC_(</td><td></td></reda<>	0				Pre-Operational	с <u></u> О	NC_(
Responsible			1		Temporary	Menu Typ	e (See addi	tional page)
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Certified Fo		er			Other (list)	$1 \underline{\bigcirc} 2$	<u></u> 3	$\underline{0}_{4} \underline{0}_{5} \underline{0}$
• CRITICAL	LITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NAR	RRATIVE COLUMNS N	MARKED "C"			
• VIOLATIC	DN(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE I	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
			No violations	noted at time	e of inspection.			
Received by	(name and	l title p	printed):		Inspected by (name and title p	rinted):		
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Establishme	hot F ent Address Kotter Adam Idress Cted>	s (nu Av	kleball ^{mber and street, city, state, zip code)} ve, Evansville, IN, 47715	Telephone Number (812-940-2800 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary	p Releas 0/2024 01/ 0f Violatior	09/2025
Responsible Certified Fo			il 	HACCP Other (list)	Menu Typ 1 2 2	be (See addined) 3	$\frac{1}{4050}$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violatio	anc			· ·
				5115.			
				Inspected by (name and title pr <redacted></redacted>	rinted):		
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