

Establishm				Telephone Number	Date of Ins (mm/dd/yr		ID #	
S&A				(812-402-2101	· ·	, 5/2025	11999	
			mber and street, city, state, zip code) Jton Ave, Evansville, IN, 47714	<pre>(<redacted></redacted></pre>	02/20	,2020		
Owner	va511	Π <u></u>		Purpose:	Follow-u	n Releas	se Date	
Neera	ij Sola	ank	i	Routine	No		07/2025	
Owner's A				Follow-up	Summary	of Violation	ns:	
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• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
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Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No noted violation	ons.				
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Received by				Inspected by (name and title p <redacted></redacted>	rinted):			
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4920 ^{Owner}	s Boi ent Addres Beller by & T ddress cted>	ne: ne: iffa	yard ^{mber and street, city, state, zip code)} ade, Evansville, IN, 47715 any Wynn	Telephone Number (812-475-8593 (<redacted> Purpose: VRoutine Follow-up Complaint</redacted>	Follow-u NO Summary	r) 5/2025 p Releas	
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Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Ty	pe <i>(See addi</i>	tional page)
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• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
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Section#	C/NC	R	Narrative			To Be Co	orrected By
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Establishm	Caes ent Addres Vashi esh Pa ddress cted> cted> cted> cted> cted> a Person's	ss (nu ngt ate	l	^{iip code)} nsville, IN, 47714	Telephone Number (812-471-5755 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	C Menu Typ) /2025 P Releas 03/ of Violation NC_) <u>R</u> O
				T AND NARRATIVE COLUMNS N ONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative				orrected By
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Establishm 8000 V Owner	Terra aent Address Vest T Sville ddress Cted> Charge Cted> e Person's	ss (nu err Var	e School K-5 ^{mber and street, city, state, zip code)} cace Dr., EVANSVILLE, IN, 47720 Inderburgh School Corp.	Telephone Number (812-435-8737 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 5/2025 P Releas 03/ of Violation NC	
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335 S ^{Owner}	nart a Red nart S ddress cted> Charge cted>	tor	mber and street, city, state, zip code) nk Rd, Evansville, IN, 47712 es East, LP	Telephone Number (812-424-5475 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-u NO Summary C	r) 7/2025 P Releas 03/ r of Violation NC	
Certified Fo	ood Handl			HACCP Other (list)		$\underline{O}_3\underline{C}$	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N				
VIOLATIC Section#	DN(S) REPE	ATEI R	P FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU Narrative	MMARY OF VIOLATIONS" AN	ND IN THE N		BELOW AS "R" orrected By
Section#	C/NC	ĸ	Narrauve No violations to r			10 De Co	frected by
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800 N C Owner Midwe Owner's Ac	Friday ent Addres Green est TG	^{ss (nu} Ri∨ ∂F,	mber and street, city, state, zip code) er Rd Ste 101, Evansville, IN, 47715	Telephone Number (812-491-8443 (<redacted> Purpose: Follow-up</redacted>		ID # 11394 se Date 06/2025 ns:		
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Person in C	0			Pre-Operational	$_{\rm C}$ U			
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Responsible	e Person's	E-ma	11	НАССР	Menu Ty	be (See addi	tional page)	
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u> 3	$\underline{)}_4 \underline{\bigcirc}_5 \underline{\bigcirc}$	
• CRITICAL	LITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	DN(S) REPE	ATEI	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	
			No violations noted at time	of inspection.				
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0 Owner	екорр	bei	Ave., EVANSVILLE, IN, 47712	Purpose:	Follow-u	n Releas	se Date
	ville \	Vai	nderburgh School Corp.	Routine	No		07/2025
Owner's A	ddress			Follow-up	Summary	of Violation	ns:
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Responsible	e Person's	E-ma	Ш	НАССР	Menu Ty	pe (See addi	tional page)
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	e Inn ent Addres St. We cca W ddress cted> Cted> cted> cted> cted> cted> cted>	ss (nu end /00 E-ma			Telephone Number (812-963-9310 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	с_ 0) /2025 P Releas 03/ of Violation NC_	
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Section#	C/NC	R		Narrative			To Be Co	orrected By
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Establishm 350 D Owner	High ent Addres reier sville ddress cted> cted> cted> cted> cted> ood Handle	ss (nu Bl∨ √ar	chool mber and street, city, state, zip code) rd., EVANSVILLE, IN, 47712 nderburgh School Corp.	Telephone Number (812-435-82 (<redacted Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted 	(08 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	0	2025 Releas 03/ f Violatior NC	06/2025 ^{15:}
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		S" AND IN	N THF NA	DDATIVE	RELOW AS "P"
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Section#	C/NC	R	Narrative				To Be Co	orrected By
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Establishm				Telephone Number Date of Inspection ID # (mm/dd/yr) (mm/dd/yr)					
			ns - Wash. Sq.	(812-473-4606		/2025	11226		
			mber and street, city, state, zip code) gton Sq, Evansville, IN, 47715	() Owner	02/20	/2020			
1210 Owner	vva3i	шų	g(01) Sq, Lvansville, 10, 477 1S	Purpose:	Follow-u	n Releas	e Date		
Brian		an		Routine	r onow-u		07/2025		
Owner's Ac				Follow-up	Summary	15:			
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Person in C				Pre-Operational	с_ U	NC_			
Responsible				- Temporary	Menu Tvi	ne (See addi	tional page)		
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			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"		
Section#	C/NC	R	Narrative				orrected By		
			No noted violation	ons.					
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	<u>NC</u> ent Address <u>Hebr</u> n M. E ddress <u>cted></u> Charge cted>	ss (nu ion Bei	nmber and street, city, state, zip code) Ave, Evansville, IN, 47714 nnett	(8 (~ Pu: V	lephone Number 12-479-6974 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary	Follow-u NO Summary C_1	r) 5/2025 p Releas 03/	07/2025	
Certified F	ood Handle			$= \frac{\text{HACCP}}{\text{Other (list)}} = 1 \frac{2 3 4}{3 4}$					
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M						
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	RY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative					orrected By	
294	С		Chemical sanitizer below required conc	cent	ration in dish ma	chine.	02/2	25/2025	
	<u> </u>								
	<u> </u>								
	1								
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		ו S	ilver's	⁽⁸¹²⁻⁴⁷⁶⁻²⁹⁸²⁾	(mm/dd/yr	r)	11097		
			mber and street, city, state, zip code)		02/24	/2025	11001		
			Ave, Evansville, IN, 47711	(<redacted></redacted>					
^{Owner} LJS O	PCO	10	NE, LLC	Purpose:	Follow-u NO		se Date 06/2025		
Owner's A				Follow-up	_	of Violation			
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Person in C				Pre-Operational	$\mathbf{U}_{\mathbf{J}}$		J _R U		
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Responsible	e Person's	E-ma	il de la constant de	НАССР	Menu Tyj	pe (See addi	tional page)		
				Other (list)					
Certified F		er		Other (list)	$1 \underline{\bigcirc 2}$	$\underline{\bigcirc}_3\underline{\bigcirc}$	<u>/4050</u>		
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"					
• VIOLATIO	ON(S) REPE	ATED	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		
			No violations at time of	inspection.		1			
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Establishm Leroy	∕′s Ta			Telephone Number (812-464-8300	(mm/dd/wr)		
			mber and street, city, state, zip code) ON Ave., Evansville, IN, 47712	() Owner	02/20	/2025	
^{Owner} Terri (Carl			Purpose:	Follow-up NO		ie Date 08/2025
Owner's Ad				Follow-up	Summary	of Violation	15:
<ieua Person in C</ieua 				Complaint	0	NC_(
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Responsible	e Person's	E-ma	il and the second se	Temporary HACCP	Menu Typ	e (See addi	tional page)
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• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
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Establishm	o's It ent Addres Darr Darr w Gu ddress cted> Charge cted>	nst nst arc			ephone Number 12-868-8071 (Pedacted) rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C	p Releas 03/ of Violation NC	
Certified F		er			Other (list)	102	<u></u> 3	$)_4 O_5 O$
			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				To Be Co	orrected By
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Establishm 1701 S Owner	el We ent Addres S Red Sville ddress Cted> Cted> Cted> cted> cted> ood Handl	ss (nu bar Var E-ma	z School K-5 ^{mber and street, city, state, zip code)} nk Rd., EVANSVILLE, IN, 47712 nderburgh School Corp.	Telephone Number (812-435-8594 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	с_ 0) /2025 P Releas 03/ of Violation NC	
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• VIOLATIO	ON(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
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3600 Owner RTM (Owner's Ad <reda Person in C <reda Responsible</reda </reda 	s #72 ent Addres First A Opera ddress cted> Charge cted> e Person's	atin E-ma	mber and street, city, state, zip code) e, Evansville, IN, 47710 ng Company	Telephone Number (812-484-1244 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C Menu Ty	r) 5/2025 1 p Releas	<u>R</u> <u>O</u> tional page)
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			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE 1	NARRATIVE	BELOW AS "R"
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Received by	(signature)):		Inspected by (signature):			
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Establishm	ent Name						ID #	
Salsa	arita's	5		(812-437-2572	(mm/dd/y	<i>`</i>	13775	
			nber and street, city, state, zip code)		02/24	1/2025		
	<u>E Moi</u>	rgai	n Ave, Evansville, IN, 47715	(<redacted></redacted>				
Owner				Purpose:	Follow-u			
Micha		rinc)	✔ Routine			06/2025	
Owner's A				Follow-up	Summary	of Violatior	15:	
Person in C				Complaint			1 0	
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Responsible			1	Temporary	Menu Ty	pe (See addii	tional page)	
-				НАССР		\sim		
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	$)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$	
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• CRITICAI	L ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"				
• VIOLATIO	ON(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	
295	NC		Non food contact surfaces in	n kitchen soiled.		02/2	24/2025	
218	NC		Back door to kitchen has areas ope	en to outside eleme	ents.	02/24/2025		
310	NC			Hood system in kitchen soil.				
218	NC		Floor in kitchen in need of repair cr		tiles.	02/2	24/2025	
				0				
Received by		- 1	rinted):	Inspected by (name and title p <redacted></redacted>	rinted):			
Received by				Inspected by (signature):				
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Establishment N			Telephone Number	Date of Ins (mm/dd/yr		ID #	
		ia/Gonz'z Ste	(812-550-1505	· ·	, /2025	14157	
		number and street, city, state, z		<pre>(<redacted>)</redacted></pre>	02/20	/2023	
Owner	en Ri	ver Ru Ste 113, Ev	vansville, IN, 47715		F-ll	p Releas	- Data
Adrian G	Gonza	alez		Purpose:	Follow-u NO		10/2025
Owner's Addres				Follow-up	Summary	of Violation	15:
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Person in Charg	,		Pre-Operational	C) _R U	
<redacte Responsible Pers</redacte 		nail	- Temporary	Menu Tva	oe (See addii	tional page)	
Responsible i ers	30H 3 E-H	1411	НАССР				
Certified Food H	Handler		Other (list)	102	 3 ($_4 \bigcirc_5 \bigcirc$	
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• CRITICAL ITEN	MS ARE I	DENTIFIED IN THE CHECKLIS	ST AND NARRATIVE COLUMNS N	MARKED "C"			
• VIOLATION(S)	REPEAT	ED FROM PREVIOUS INSPECT	IONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
	NC F		Narrative			To Be Co	orrected By
177 N	IC		ed improperly on floo			02/2	28/2025
218 N	IC	Hand sink by d	rink station in need	of repair falling off	wall.	02/28/2025 02/28/2025	
347 N	IC	Disposable towels n	sposable towels not provided at handwashing stations in establishment.				
118 (С	Establishme	ent does not have ce	ertified food handle	r.	02/2	28/2025
Received by (nam		. ,		Inspected by (name and title pr <redacted></redacted>	rinted):		
<pre>l<redac< pre=""></redac<></pre>	<redacted></redacted>						
Received by (sign	nature):			Inspected by (signature):			
cc:			cc:		cc:		



Establishm	ent Name						ID #	
Canto	on In	n		(812-428-6611	(mm/dd/y	<i>`</i>	14335	
			mber and street, city, state, zip code)	(<redacted></redacted>	02/26	6/2025		
	orth F	Par	k Dr, Evansville, IN, 47710	<reuacieu></reuacieu>				
Owner				Purpose:	Follow-u			
Fei Li				✔ Routine	No		08/2025	
Owner's A				Follow-up	-	of Violation		
Person in C				Complaint	2	1	L _R 2	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с<u></u></td><td>NC</td><td>R</td></reda<>				Pre-Operational	с <u></u>	NC	R	
Responsible			il	Temporary	Menu Tv	pe (See addii	tional page)	
				НАССР		\sim		
Certified F	ood Handl	er		Other (list)	$1\bigcirc 2$	$\bigcirc_3 \bigcirc$	$)_4 \odot_5 \bigcirc$	
<redac< td=""><td>cted></td><td></td><td></td><td></td><td></td><td></td><td></td></redac<>	cted>							
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	ARKED "C"				
• VIOLATIO	ON(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	orrected By	
285	NC		Ware washing machine not reaching	sanitizing temper	ature.	02/2	26/2025	
177	С	R	Potential hazardous food not covered of					
177	С	R	Boxes stored on floor in w	es stored on floor in walk in freezer.				
							rrected	
Received by				Inspected by (name and title p	orinted):	<u>.</u>		
<red< td=""><td>acte</td><td>d></td><td></td><td><redacted></redacted></td><td></td><td></td><td></td></red<>	acte	d>		<redacted></redacted>				
Received by	(signature):		Inspected by (signature):				
cc:			cc:		cc:			



Establishm			DDA Owe et Treete Candy	Telephone Number	Date of Insp (mm/dd/yr)	ection	ID #
			DBA Sweet Treats Candy	(812-471-0031	02/28/	2025	14614
Establishm 800 N	ent Addres Greel	n R	mber and street, city, state, zip code) iver Road, Evansville, IN, 4771	5 (<redacted></redacted>			
Owner		nn I	Pumplo	Purpose:	Follow-up		se Date //10/2025
IVIEIISS Owner's A	5	111	Rumple	✔ Routine	No		
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary o</td><td>-</td><td></td></reda<>				Follow-up	Summary o	-	
Person in C				Complaint	$ _{\alpha}$) [)
<reda< td=""><td>cted></td><td>•</td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td><u> </u></td></reda<>	cted>	•		Pre-Operational		NC_	<u> </u>
Responsible	e Person's	E-ma	il	Temporary HACCP	Menu Type	: (See addi	tional page)
						$\neg \cap$	$\neg \cap \cap$
Certified F <redac< td=""><td></td><td>er</td><td></td><td>Other (list)</td><td>$1 \underbrace{\textcircled{0}}_{2} \underbrace{(}$</td><td></td><td><u>14050</u></td></redac<>		er		Other (list)	$1 \underbrace{\textcircled{0}}_{2} \underbrace{(}$		<u>14050</u>
• CRITICAI	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO)N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	SUMMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations at time o	f inspection.			
Received by		_ `	printed):	Inspected by (name and title p	rinted):		
<redacted> Received by (signature):</redacted>				Inspected by (signature):			
cc:			cc:		cc:		



Establishm Missi		ro	unds	Telephone Number	id# 14734		
Establishm	ent Addres	ss (nu	mber and street, city, state, zip code)	() Owner	02/25	5/2025	
	Vashi	ngt	on Square, Evansville, IN, 47715				
		Re	escue Mission, Inc.	Purpose:	Follow-u NO		e Date 07/2025
Owner's A				Follow-up	Summary	of Violation	15:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>ſ</td><td></td></reda<>				Complaint		ſ	
Person in C	0			Pre-Operational			
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Ty	pe (See addi	tional page)
	1 17 11			Other (list)	\Box		$\mathcal{O}_{\mathcal{O}}$
Certified F		er			$1 \underline{\bigcirc} 2$		<u>/4050</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATEI	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
			No noted violation	ons.			
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):		
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Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishm	ent Name			Telephone Number Date of Inspection ID #				
Nori J		า		(812-916-4563	(mm/dd/yr)	14811	
	-		mber and street, city, state, zip code)		02/28	/2025		
800 N G	Green R	iver	Rd unit 106, Evansville, Indiana, 47715	(<redacted></redacted>				
Owner	\\/::ev			Purpose:	Follow-up			
Halim		/a		✔ Routine	No		10/2025	
Owner's Ad				Follow-up	Summary	of Violation	15:	
Person in C				Complaint		(D_{R}	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с_С</td><td>NC_</td><td></td></reda<>				Pre-Operational	с_С	NC_		
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР	\frown	$\frown \frown$	$\sim \sim$	
Certified For		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	$)_4 \underline{\bigcirc}_5 \underline{\bigcirc}$	
• CRITICAL	. ITEMS AF	RE IDH	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"				
• VIOLATIO	DN(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUP	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
			No violations at time of	inspection.				
				•				
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):			
Received by				Inspected by (signature):				
cc:			cc:		cc:			



	Fies ent Addres E. Dia Martir ddress Cted> Charge Cted> e Person's			Telephone Number (812-401-4000 (<redacted> Purpose: Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	p Releas 03/ of Violation NC_	<u>R</u> <u>O</u> tional page)
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			O 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	inspection.			
Received by	(name and	title	printed):	Inspected by (name and title p	rinted).		
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Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishm Chick		F	astland Mall	Telephone Number (812-477-9370	Date of Ins (mm/dd/yr)	ID# 15361
			mber and street, city, state, zip code)		02/28	/2025	15501
800 N			River Rd, Evansville, IN, 47715	(<redacted></redacted>			
Owner Jacks	on Sti	ierv	walt	Purpose:	Follow-uj NO		se Date 10/2025
Owner's A		-		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		(J _R U
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	E-ma	il	НАССР	Menu Typ	e (See addi	tional page)
Certified F	ood Handl	or		Other (list)	$1 \bigcirc 2$	$\bigcap_2 \bullet$	$)_{4} \bigcap_{5} \bigcap_{7}$
<redac< td=""><td></td><td>CI</td><td></td><td></td><td>$1 \underline{\bigcirc} 2$</td><td><u> </u></td><td><u>/4030</u></td></redac<>		CI			$1 \underline{\bigcirc} 2$	<u> </u>	<u>/4030</u>
1		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations at time of	inspection.			
				•			
D 11		1.00			1		
Received by				Inspected by (name and title provided by (name and title p	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishment Name LaPlaza Establishment Address (number and street, city, state, zip code)					Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 02/24/2025		^{ID #} 15455
420 S. Green River, Evansville, IN, 47715					() Owner			
Owner					Purpose:	Follow-upRelease DateYes03/06/2025		
Owner's A	ddress				Follow-up Complaint	Summary of Violations:		
Person in Charge					✓ Pre-Operational	$ \begin{array}{c} \underline{0} \\ \underline$		
Responsible Person's E-mail					- Temporary HACCP	Menu Type (See additional page)		
Certified Food Handler					Other (list)	$1 \underbrace{\bigcirc 2 \underbrace{\bigcirc 3} \underbrace{\bigcirc 4 \underbrace{\bigcirc 5} \bigcirc}_{3}$		
• 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				Narrative			To Be Corrected By	
	Approved for oper				ration.			
Received by (name and title printed): <redacted></redacted>					Inspected by (name and title printed):			
Received by					Inspected by (signature):			
cc:			cc:		cc:			