

Establishme 326 S Owner Bhupir Owner's Ad <redat< th=""><th>s Pa ent Address Kent hder S hdress cted></th><th>ucł Sin</th><th>ry - ASR Petroleum Inc. mber and street, city, state, zip code) ky Ave, Evansville, IN, 47714 gh</th><th>(0) (~ Pu</th><th>Apphone Number 12-401-3668 Credacted> Irpose: Routine Follow-up Complaint</th><th>Follow-u</th><th>p Releas 04/ of Violation</th><th></th></redat<>	s Pa ent Address Kent hder S hdress cted>	ucł Sin	ry - ASR Petroleum Inc. mber and street, city, state, zip code) ky Ave, Evansville, IN, 47714 gh	(0) (~ Pu	Apphone Number 12-401-3668 Credacted> Irpose: Routine Follow-up Complaint	Follow-u	p Releas 04/ of Violation	
Person in C					Pre-Operational	с <u></u> U	NC_(
Responsible			il		Temporary HACCP	Menu Tyj	e (See addi	tional page)
Certified Fo		er		_	Other (list)	102	<u>O</u> 3C	$)_4 O_5 O$
• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARK	KED "C"			
• VIOLATIO Section#	N(S) REPE	ATED R	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI Narrative	JMMA	ARY OF VIOLATIONS" AN	D IN THE N		BELOW AS "R" prrected By
Section#	CINC	ĸ	britein resitaead	et c	h.		10 De Co	frected by
			without hand soa					
				<u> </u>				
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Received by	(signature)):		Insp	ected by (signature):			
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	tron ent Addres		mber and street, city, state, z k Dr, Evansvill		Telephone Number (812-402-6500 (<redacted> Purpose:</redacted>	Date of Ins (mm/dd/yr 04/14 Follow-u) /2025	ID # 12133 e Date
Jose F	Ramir	ez			Routine	No		24/2025
Owner's Ac	ldress				✔ Follow-up	Summary	of Violation	
<reda< td=""><td></td><td></td><td></td><td></td><td>Complaint</td><td></td><td>_</td><td></td></reda<>					Complaint		_	
Person in C					Pre-Operational	$_{\rm C}$ U		
<reda< td=""><td></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	be (See addi	tional page)
Certified Fo		er		Other (list)	102	<u></u> 3	$\underline{0}_{4} \underline{0}_{5} \underline{0}$	
• CRITICAL	ITEMS AR	E IDI	NTIFIED IN THE CHECKLIS	IARKED "C"				
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTI	IONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R		Narrative			To Be Co	orrected By
			Has rece	eived Servsafe mana	ager certificate.			
				machine is out of or				
			Date marking sticke	ers were added to read	y to eat foods in the v	valk in.		
			0		, ,			
Received by	(name and	title	printed):		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):			Inspected by (signature):			
cc:				cc:		cc:		



	or Les ent Addres Orth F Will ddress Cted> Charge Cted> cted> cted> ood Handl	ss (nu Par	mber and street, city, state, zip code) k Dr, Evansville, IN, 47710		lephone Number 312-430-4351 <redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 5/2025 p Releas 04/ r of Violation _ NC _ pe (See addi) _R _0
		RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	1ARK	KED "C"			
• VIOLATIO	ON(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMA	ARY OF VIOLATIONS" AN	D IN THE N	VARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	ons	.			
Received by					redacted>	rinted):	I	
Received by	/ (signature):		Insp	ected by (signature):			
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Establishm	s-Eye ent Addres W Llo a Tuc ddress cted> Charge cted> cted> cted> cted> cted>	ss (nu yd dela E-ma		Telephone Number (812-422-6464 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C_1) 5/2025 P Releas 04/ of Violation NC	$\frac{ID \#}{11176}$ $\frac{11176}{25/2025}$ $\frac{B}{R} \frac{2}{R}$ $\frac{2}{100000000000000000000000000000000000$	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M					
) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R	Narrative				orrected By	
256	NC	_	Refrigerator not provided with tempera					
294	C	R	Observed chemical sanitation concentr	•	d level.			
433	NC		Observed mop stored i			Corrected		
291	NC	R	Observed no testing device to measure conce	entration of sanitizing s	olution.	04/1	5/2025	
Received by	acte	d>		Inspected by (name and title pr <redacted></redacted>	rinted):			
Received by	(signature):		Inspected by (signature):				
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Establishm	In Sc ent Addres	ss (nu	ool K-8 ^{mber and street, city, state, zip code)} ve., EVANSVILLE, IN, 47713	Telephone Number (812-435-8598 (<redacted></redacted>) /2025	ID # 11089 se Date
	ville ^v	√aı	nderburgh School Corp.	Purpose:	Follow-u NO		^{se Date} 24/2025
Owner's A	ddress			Follow-up	Summary	of Violation	
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td></td><td>(</td><td></td></reda<>		•		Complaint		(
Person in C				Pre-Operational	с_ U		
Responsible				- Temporary	Menu Tv	ne (See addi	tional page)
responsion		2	-	НАССР			
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u></u> 3	<u>)4050</u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"	-		
• VIOLATIO)N(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	IMMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No noted violati	ons.			
Received by				Inspected by (name and title p	rinted):		
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100 S Owner Doug Owner's Ad <redae Person in C <redae Responsible</redae </redae 	Renn ent Addres E Fou & Ma Idress Cted> harge Cted> Person's	s (nui Irth rla E-mai	nber and street, city, state, zip code) n St, Evansville, IN, 47708 Rennie	Telephone Number (812-401-8098 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u Summary C	r) 7/2025 P Releas 04/ of Violation NC	_	
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS 1 PROM 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	
Section	ente	T.		20		10 20 00	freeted by	
			No noted violation	ns.				
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D	(-i)							
Received by	(signature)):		Inspected by (signature):				
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Establishm	VOOD	ss (nu	eadership Academy K-8 mber and street, city, state, zip code) Ave., EVANSVILLE, IN, 47713	⁽⁸¹²⁻⁴³⁵⁻⁸⁶¹⁰⁾	Date of Ins (mm/dd/yr 04/14		ID# 10986
Owner				Purpose:	Follow-u		se Date
		Var	nderburgh School Corp.	✔ Routine	No	04/	24/2025
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>•</td><td></td><td>Complaint</td><td>0</td><td></td><td></td></reda<>		•		Complaint	0		
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>с_О</td><td>NC_</td><td></td></reda<>				Pre-Operational	с_О	NC_	
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)
				НАССР		$\frown c$	$\sim \sim \sim$
Certified For		er		Other (list)	1 <u>0</u> 2		$\underline{0}_{4} \underline{0}_{5} \underline{0}_{5}$
• CRITICAL	ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
• VIOLATIC	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
			No noted violation	ons.			
Received by		-	printed):	Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature):		Inspected by (signature):			
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Establishm 2021 S Owner	awn S ent Addres S Alvo Sville \ ddress cted> Charge cted>	ss (nu ord Var	nool K-5 ^{mber and street, city, state, zip code)} Blvd., EVANSVILLE, IN, 47714 Inderburgh School Corp.	Telephone Number (812-469-5082 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP</redacted>	Follow-u NO Summary C	r) 1/2025 P Releas 04/ r of Violation NC_	
Certified Fo		er		Other (list)	1 <u>0</u> 2	<u>()</u> 3	<u>)4050</u>
• CRITICAL	. ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
			D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
	<u> </u>		No noted violatio	ons.			
		<u> </u>					
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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	t Bar	ss (nu	mber and street, city, state, zip code) ph Ave, Evansville, IN, 47712	Telephone Number (812-426-1010 (<redacted> Purpose:</redacted>	Date of In (mm/dd/yr 04/15 Follow-u	^{r)} 5/2025	ID # 10927
Owner's A		MР	<u>F</u>	Purpose: Routine Follow-up	No		25/2025
<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		NC 4	2_{R}
<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)
Certified F		er		Other (list)	1 <u>0</u> 2	<u>•</u> 3 <u>C</u>	$)_4 O_5 O$
• 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	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
297	NC	R	Observed Ice machine g	uard soiled.		04/1	5/2025
256	NC		Observed refrigerator not provided with ten	·	device.	04/1	15/2025
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishme 1201 V Owner Mac´s Owner's Ac <redac Person in C <redac Responsible Certified Fo <redac< th=""><th>e K #4 ent Addres <u>N Co</u> <u>Conv</u> ddress <u>cted></u> harge <u>cted></u> e Person's pood Handle cted></th><th>ss (nun lun /er E-mai</th><th></th><th>Telephone Number (812-424-5313 (<redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted></th><th>Follow-u Summary C</th><th>r) 7/2025 P Releas 04/ r of Violation _ NC_</th><th></th></redac<></redac </redac 	e K #4 ent Addres <u>N Co</u> <u>Conv</u> ddress <u>cted></u> harge <u>cted></u> e Person's pood Handle cted>	ss (nun lun /er E-mai		Telephone Number (812-424-5313 (<redacted> Purpose: ✓ Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u Summary C	r) 7/2025 P Releas 04/ r of Violation _ NC_	
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N 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
Section	0,110		No noted violatio	22		102000	irreettea By
				015.			
Received by	(name and	title p	printed):	Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
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Establishm 1 SE N Owner	Cent ent Addres MLK ity of ddress cted> Cted> cted> cted> cted> a Person's	ss (nu Jr. E∨	/Victory Theatre mber and street, city, state, zip code) Blvd., Evansville, IN, 47708 vansville		lephone Number 12-422-8000 (redacted> rpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Follow-u Summary C	r) 7/2025 P Releas 04/ of Violation NC	$\frac{ID \#}{10818}$ $\frac{27/2025}{R}$ $\frac{D}{R}$ $\frac{D}{R}$ $\frac{D}{R}$ $\frac{D}{2}$
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI			D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
	2.1.0		No noted violatio	ne				
				<i>J</i> 113.				
Received by	(name and	title	printed):	Insp	ected by (name and title pr	inted):		
					edacted>			
Received by	(signature):		Inspected by (signature):				
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Establishm 720 S Owner	ntowr ent Addres .E. 8t	h S	oodmart ^{mber and street, city, state, zip code)} St., Evansville, IN, 47713	Telephone Number (812-602-3552 (<redacted> Purpose:</redacted>	Date of In (mm/dd/yr 04/17 Follow-u	r) 7/2025 p Releas	ID # 13802 e Date
JBMD Owner's Ac <redae Person in C <redae Responsible</redae </redae 	ldress Cted> Charge Cted> e Person's	E-ma		Routine Follow-up Complaint Pre-Operational Temporary HACCP	с_ 0	04/ of Violation NC pe (See addi) _R 0
Certified Fo				Other (list) 	1 <u>U</u> 2		<u>/4050</u>
• VIOLATIO	ON(S) REPE	ATED	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N		
Section#	C/NC	R	Narrative			To Be Co	orrected By
			.Establishment does not have a certil	fied food handler.			
			Freezer in back of store not provided	with temperature			
			measuring device.	inter temperature			
			Establishment is not clean.				
Received by	(name and	title p		Inspected by (name and title pr <redacted></redacted>	rinted):		
Received by	(signature)):		Inspected by (signature):			
cc:			сс:		cc:		



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Establishm		t				Telephone Number		Date of Inspection ID # (mm/dd/yr)		
Xpres						(812-492-3200	14008			
			r and street, city, state, z			(<redacted></redacted>	0-7/1-	/2025		
	N FIrs	st ave	e, Evansville,	IN, 47710						
Owner A mrin	dariit	Kour				Purpose:	Follow-u			
Amrin		Naur				✔ Routine	No		24/2025	
Owner's A						Follow-up	-	of Violation		
Person in C						Complaint	1			
<reda< td=""><td></td><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td></td></reda<>						Pre-Operational	C	NC_		
Responsible						- Temporary	Menu Tvr	ne <i>(See add</i> i	tional page)	
Responsion		L-man				НАССР				
Certified F	ood Handl	er				Other (list)	1 0 2 0 3 0 4 0 5 0			
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• CRITICAL	ITEMS AF	PE IDENTI	FIED IN THE CHECKLIST	CAND NARRATIVE COL	LUMNS	MARKED "C"			-	
							DINTHEN			
			JM PREVIOUS INSPECTION			JMMARY OF VIOLATIONS" AN	D IN THE N			
Section#	C/NC	R		Narra					orrected By	
345	C		Observed	nand sink bein	ig use	ed for other things.		Corrected		
	Received by (name and title printed): <redacted></redacted>					Inspected by (name and title printed):				
Received by						Inspected by (signature):				
cc:				cc:			cc:			



Establishm 3305 Owner Valerid Owner's Ad <reda Person in C <reda Responsible</reda </reda 	ne's (ent Addres Swee e Ewe ddress cted> Charge cted> e Person's	ss (nur tse ers E-mai	lato to Go ^{mber and street, city, state, zip code)} r Ave, Evansville, IN, 47715	Telephone Number (812-430-1127 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Date of Inspection (mm/dd/yr) 04/15/2025 Follow-up NO Releas 04/ Summary of Violation C NC Menu Type (See adding)		25/2025		
Certified F					$1 \underline{\bigcirc 2}$		<u>′4030</u>		
• 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 Co	orrected By		
			No violations to n	note.					
Received by	acteo	d>		Inspected by (name and title pr <redacted></redacted>	rinted):				
Received by	(signature):		Inspected by (signature):					
cc:			cc:		cc:				



Establishm	ent Addres W Illir ior St ddress Cted> Charge cted>	ar,			lephone Number 12-422-0151 Complaint Pre-Operational Temporary HACCP	Follow-u NO Summary C	^{/yr)} 15/2025 -up Release Date	
Certified F <reda(< td=""><td>cted></td><td></td><td></td><td colspan="5">$- \underbrace{1 \underbrace{0}_{2} \underbrace{0}_{3} \underbrace{0}_{4} \underbrace{0}_{4} \underbrace{0}_{4} \underbrace{0}_{3} \underbrace{0}_{4} \underbrace{0} \underbrace{0}_{4} \underbrace{0}_{4}$</td></reda(<>	cted>			$- \underbrace{1 \underbrace{0}_{2} \underbrace{0}_{3} \underbrace{0}_{4} \underbrace{0}_{4} \underbrace{0}_{4} \underbrace{0}_{3} \underbrace{0}_{4} \underbrace{0} \underbrace{0}_{4} \underbrace{0}_{4}$				
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N 9 FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU			D IN THE X	лоратіут	RELOW AS "D"
Section#	C/NC	R	Narrative	IVI IVI A	RY OF VIOLATIONS AN	DINTHE		orrected By
431	NC	R	Observed facility is in nee	d o	fcleaning		5/2025	
310	NC		Observed hood vent sys			04/15/2025		
010							01/	0,2020
			-	ected by (name and title pr edacted>	rinted):			
Received by	(signature):		Insp	ected by (signature):			
cc:			cc:			cc:		



501 N Owner Yinggu Owner's Ac <redae Person in C <redae Responsible</redae </redae 	a Gar ent Addres Main Uang Idress Cted> Cted> cted> e Person's	s (nu St Zh E-ma	mber and street, city, state, zip code) r, Evansville, IN, 47711 eng	Telephone Number (812-422-6699 (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) </redacted>	Follow-u NO Summary C_1	r) p Release 04/ of Violation NC_				
	 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 Co	prrected By			
173	C		Meat stored above ready to ea	t foode in walk in		To Be Corrected By Corrected				
175	C			at 10005 III walk III.			Tecleu			
Received by				Inspected by (name and title pr <redacted></redacted>	rinted):					
Received by	(signature)):		Inspected by (signature):						
cc:			cc:		cc:					



Establishm	Nob ent Addres W Ma • Hap ddress cted> Charge cted> cted> cted> cted> cted>	ss (nu Iryl Oe E-ma	pansion Joint ^{mber and street, city, state, zip code)} and St, Evansville, IN, 47710		ephone Number 12-760-8443 redacted> pose: Routine Complaint Pre-Operational Femporary HACCP Other (list)	1		<u>0</u> <u>R</u> <u>0</u>
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKI	ED "C"			
• VIOLATIO	ON(S) REPE	ATEI) FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMAF	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No violations to r	note	•			
	Received by (name and title printed): <redacted></redacted>				cted by (name and title pr edacted>	rinted):		
Received by					cted by (signature):			
cc:			cc:	-		cc:		



Establishment Name Express 1 Pantry Establishment Address (number and street, city, state, zip code) 1121 N First Ave, Evansville, IN, 47710 Owner Sumit Patel Owner's Address <redacted> Person in Charge <redacted> Responsible Person's E-mail Certified Food Handler <redacted> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS</redacted></redacted></redacted>				Telephone Number (812-492-0012 (<redacted> Purpose: ✓Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	Follow-u NO Summary C	r) 4/2025 p Release 04/ r of Violation NC				
	 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	AND			orrected By		
Section#	CITIC	n in		No violations to i	note		TODUC	A TOUGU By		
Received by		-	printed):		Inspected by (name and title pr <redacted></redacted>	rinted):				
Received by	(signature):			Inspected by (signature):					
cc:				cc:		cc:				



Establishm 4500 Owner	el Ch ent Addres LINC(LINC))) (LINC(LIN	ss (nu DLI TTN E-ma	ch Cafe ^{mber and street, city, state, zip code)} N AVE, Evansville, IN, 47714 N: Staci Stanley	Telephone Number (812-618-7890) (<redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)</redacted>	of Violation				
• 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 Co	orrected By		
Section	Cine		No noted violatio	000		10 00 00			
				0115.					
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