

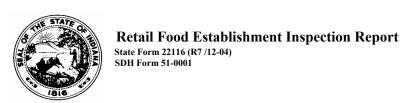
			<u> </u>				
Establishm		<b>ì</b> ≙r	neral Store #3073	Telephone Number	Date of Ins (mm/dd/yr)		то# 12020
			mber and street, city, state, zip code)	812-471-4290	03/18	/2025	12020
2020 \$			River Rd, Evansville, IN, 47715	<pre>(<redacted></redacted></pre>			
Owner	/'c Ma	rka	eting Company	Purpose:	Follow-up		se Date /28/2025
Owner's A		II N	anig Company	<b>✓</b> Routine			
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>ns:</td></reda<>				Follow-up	Summary	of Violation	ns:
Person in C				Complaint	$ _{c}$	, (	)
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td></td><td>NC_</td><td>_ R</td></reda<>				Pre-Operational		NC_	_ R
Responsible	e Person's	E-ma	il	Temporary	Menu Typ	e (See addi	itional page)
				НАССР			
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4</u> 05 <u></u>
• CRITICAL	L ITEMS AF	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "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 C	orrected By
			No noted violation	ons.			
			<u> </u>				
Received by	,		orinted):	Inspected by (name and title p < redacted>	rinted):		
Received by				Inspected by (signature):			
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Establishm		) )	et- Royal	Telephone Number	Date of Ins (mm/dd/yr		ID#
			mber and street, city, state, zip code)	812-424-8289	03/17	/2025	11446
			Ave, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner			, ,	Purpose:	Follow-up	p Releas	se Date
Winkle				<b>✓</b> Routine	No	03/	27/2025
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>				Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	$_{\rm C}$	NC_	$0_{\rm R}$
				Temporary	M T	(C 1.1:	(di I )
Responsible	e Person's	L-ma	Ш	НАССР	Menu Typ	se (See aaai	tional page)
Certified F	ood Handle	er		Other (list)	102	$\bigcirc_3$	),(•),(•)
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• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"			
• VIOLATIO	N(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 violations to r	note.			
Received by	(name and	title 1	printed):	Inspected by (name and title p	rinted):		
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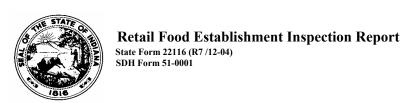
Establishm				Telephone Number	Date of Inspe	ction	ID#
Taco	Bell	#3	001053	<sup>(</sup> 812-475-1895	(mm/dd/yr) 03/20/2	2025	11383
			mber and street, city, state, zip code) e., Evansville, IN, 47714	<pre><redacted></redacted></pre>	03/20/2	1023	
Owner Bell In		a LI	_C	Purpose:  Routine	Follow-up No		se Date 29/2025
Owner's Ac				Follow-up	Summary of	Violation	18:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) ()</td></reda<>				Complaint	$\cap$	(	) ()
Person in C				Pre-Operational	C	NC_	R = R
Responsible			il	Temporary	Menu Type	(See addi	tional page)
•				НАССР			
Certified Fo		er		Other (list)	102	<u>)</u> 3 <u>@</u>	) <sub>4</sub> <u>0</u> 5 <u>0</u>
• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative		Т	o Be Co	orrected By
			No noted viola	ations.			
Received by	`		printed):	Inspected by (name and title predacted>	rinted):		
Received by	(signature)	):		Inspected by (signature):			
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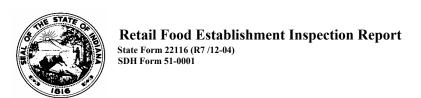
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Subw	ay#	12	340	812-473-5255		2025	11365
			mber and street, city, state, zip code)		03/18/	2025	
1401 (	Cover	<u>t A</u>	ve, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Shant		C.		Routine	No	03/	28/2025
Owner's Ac				Follow-up	Summary o	f Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><sub>c</sub> 1</td><td>(</td><td>) ()</td></reda<>				Complaint	<sub>c</sub> 1	(	) ()
Person in C				Pre-Operational	C	NC_(	$\frac{1}{R}$
<reda< td=""><td></td><td></td><td>9</td><td>Temporary</td><td>М Т</td><td>/C 11:</td><td></td></reda<>			9	Temporary	М Т	/C 11:	
Responsible	e Person's	L-ma	11	НАССР	Menu Type	(See aaai	tional page)
Certified F	ood Handle	or		Other (list)	1(),(	•),(	$)_4\bigcirc_5\bigcirc$
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		E IUI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
					D DIETER	DD A 2011	DELOW 10 (P*
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative				orrected By
295	С		Observed black build up o	n service sink.		03/	18/2025
Received by		_	printed):	Inspected by (name and title pr	rinted):		
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Received by	(signature)	):		Inspected by (signature):			
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Establishme				Telephone Number	Date of Inspe (mm/dd/yr)	ection	ID#
Sonic	: Driv	e-l	In #102	812-475-1099	03/18/2	2025	11328
			mber and street, city, state, zip code)	<pre></pre>	03/16/2	2025	
	Cover	<u>t A</u>	ve, Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner				Purpose:	Follow-up		se Date
l .		-In	of Evansville Inc	Routine	No	03/	28/2025
Owner's Ad				Follow-up	Summary of	Violation	18:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\cap</math></td><td>(</td><td>) (</td></reda<>				Complaint	$\cap$	(	) (
Person in C				Pre-Operational	$_{\rm C}$	NC_	J <sub>R</sub> U
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td></td><td></td><td></td></reda<>			2	Temporary			
Responsible	e Person's	E-ma	11	НАССР	Menu Type	(See addi	nonal page)
Certified Fo	od Handle	nr.		Other (list)	10,0	),(•	),()_5()
<redag< td=""><td></td><td>CI.</td><td></td><td></td><td>1020</td><td><u></u></td><td><u> </u></td></redag<>		CI.			1020	<u></u>	<u> </u>
		E INE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MADKED "C"			
					D IN THE NA	DD 4 7711 / D	DELOW 16 (D
			PROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		1	o Be Co	orrected By
			No noted violati	ons.			
-							
Received by	(name and	title p	printed):	Inspected by (name and title p	rinted):		
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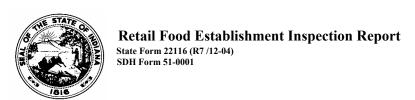
Establishm Raffe	rty´s			Telephone Number (812-471-0024	11273		
			mber and street, city, state, zip code) River Rd, Evansville, IN, 47715	' <redacted></redacted>	03/20		
		ıc/E	Dan Davis	Purpose:	Follow-up No		se Date // 30/2025
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>		1		Complaint		(	) ()
Person in C				Pre-Operational	C	NC_	$R_{\rm R}$
Responsible			il	Temporary	Menu Tvr	e (See addi	tional page)
F				НАССР			
Certified Fo		er		Other (list)	1 2	<u>3</u>	<u>)</u> 4 <u>U</u> 5 <u>U</u>
• CRITICAL	L ITEMS AF	RE IDE	NTIFIED 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 N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Violations corrected from 3/1	4/25 inspection.			
Received by	(name and	l title 1	printed):	Inspected by (name and title p	rinted):		
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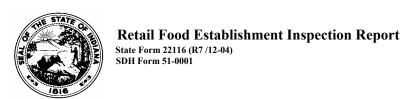
Establishmonth SISCO		RF	RISES LLC DBA PIECE OF CAKE	Telephone Number (812-424-2253)	Date of Ins (mm/dd/yr	·j	тр# 11256
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)	<pre>(<redacted>)</redacted></pre>	03/19	/2025	11200
210 M	ain S	t, E	Evansville, IN, 47708	<re></re>			
Owner	Sinon			Purpose:	Follow-u		se Date // 29/2025
Cate S				Routine		03/	29/2023
Owner's Ac				Follow-up	Summary	of Violatio	as:
				Complaint	$\cap$	(	$\cap$
Person in C				Pre-Operational	$_{\rm C}$	NC_	$0_{R}$
Responsible			<u> </u>	Temporary	Menu Tvi	se (Saa addi	tional page)
Kesponsible	e i cison s	L-ma	ш	НАССР	wichu i y	oc (see aaai	iionai page)
Certified Fo	ood Handl	er		Other (list)	$1\bigcirc_2$	$\odot_3$ C	$)_{4}$ $)_{5}$ $)_{1}$
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• CRITICAL	ITEMS AF	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS 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
			No noted violation	ons.			
Received by	*			Inspected by (name and title properties)	rinted):		
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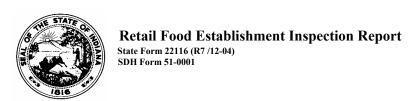
Establishm		_		Telephone Number	Date of Insp (mm/dd/yr)		ID#
Leisu	re Liv	vin	g	812-425-3460			11161
Establishm	ent Addres	s (nu	mber and street, city, state, zip code)		03/17/	2025	
2900 (	Cozy	Ct,	Evansville, IN, 47720	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
LEISU	JRE L	.IVI	NG	Routine	No	03/	27/2025
Owner's Ac				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td>cted&gt;</td><td></td><td></td><td>Complaint</td><td><math>\mathbf{\hat{\Delta}}</math></td><td>_</td><td>_</td></reda<>	cted>			Complaint	$\mathbf{\hat{\Delta}}$	_	_
Person in C				Pre-Operational	$_{\rm C}$ U	NC_(	J <sub>R</sub> 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	HACCP	Menu Type	(See addi	tional page)
					$ \bigcirc  $		
Certified Fo		er		Other (list)	1 <u>U</u> 2 <u>U</u>		<u> 1405</u> 0
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• CRITICAL	L ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	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			To Be Co	orrected By
			No violations to r	note.			
			The violations to 1				
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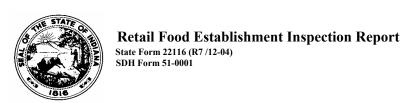
	er Kir ent Addres First A s, LL ddress Cted> Charge Cted> e Person's	S (nur AVE	nber and street, city, state, zip code) e, Evansville, IN, 47710	Telephone Number  (812-426-0303  ( <redacted> Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)</redacted>	Follow-u NO Summary	6/2025  Releas	<u>1</u>
			NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M				
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N		
Section#	C/NC	R	Narrative				orrected By
177	С	R	Food stored improperly on f	floor in walk in.		03/1	8/2025
Received by	(name and	title r	orinted):	Inspected by (name and title p	rinted):		
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Establishm Krisp		m	6	Telephone Number	Date of Ins (mm/dd/yr		ID#
	,		mber and street, city, state, zip code)	336-733-3765	03/21	/2025	11074
			rdt Rd, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-u		se Date
		ne	Doughnut Corporation	<b>✓</b> Routine	No	03/	31/2025
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td>1</td><td>_</td><td>Complaint</td><td>1</td><td>(</td><td>) ()</td></reda<>		1	_	Complaint	1	(	) ()
Person in C				Pre-Operational	C	NC_	$0_{R}$
Responsible				Temporary	Menu Tvi	ne <i>(See addi</i>	tional page)
Trosponsio:	0 1 01 5011 5		-	НАССР			, , , , , , , , , , , , , , , , , , ,
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3_</u>	$)_4 \bigcirc_5 \bigcirc$
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• 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	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				orrected By
336	С		No back siphonage device fo	r mop sink hose.		Co	rrected
						<u></u>	
						l	
						1	
						<del></del>	
Received by				Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
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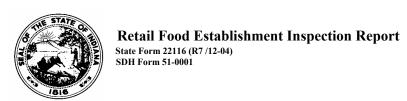
Establishm				Telephone Number	Date of Insp		ID#
Azzip	Pizz	a		812-250-8947	(mm/dd/yr)		14189
			mber and street, city, state, zip code)		03/17/	2025	
4660 I	N Firs	st A	ve, Evansville, IN, 47710	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-up		se Date
Brad N	Nieme	eier		Routine	No	03/	27/2025
Owner's A				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<>				Complaint		(	) (
Person in C				Pre-Operational	$_{\rm C}$ $\cup$	NC_	J <sub>R</sub> 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	HACCP	Menu Type	(See addi	tional page)
				Other (list)	-		$\bigcirc\bigcirc\bigcirc$
Certified Fo		er			$1 \underline{\bigcirc 2}$	<u>3</u> C	<u> 1405</u>
Cieuac	ileu>						
• CRITICAL	LITEMS AF	E 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 NA	RRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations to n	note.			
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Received by	(name and	title 1	orinted):	Inspected by (name and title p	rinted):		
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Received by	(signature	):		Inspected by (signature):			
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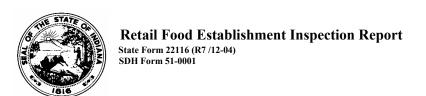
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#	
Fujiya	ama			812-962-4440	03/19/		10977	
			mber and street, city, state, zip code)	<pre></pre>	03/19/	2025		
	orth F	<sup>2</sup> ar	k Dr, Evansville, IN, 47710					
Owner	/ioo			Purpose:	Follow-up		se Date	
Ji Yi X				<b>✓</b> Routine	No		29/2025	
<reda< td=""><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td></td></reda<>				Follow-up	Summary	of Violation		
Person in C				Complaint	1 1	NC_	1 1	
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC</td><td> R</td></reda<>				Pre-Operational	C	NC	R	
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)	
				НАССР				
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>	
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• 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	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Co	orrected By	
343	С		Observed hand sink out of order	er in kitchen area.		03/	19/2025	
431	NC	R	Observed physical facility	/ is not clean.		03/19/2025		
			, , ,					
Received by	(name and	l title r	orinted):	Inspected by (name and title p	rinted):			
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Establishme Motor		#2	202	Telephone Number	Date of Ins (mm/dd/yr		ID#
				812-476-8621	03/21	/2025	10953
			mber and street, city, state, zip code)  Expwy, Evansville, IN, 47715	<pre><redacted></redacted></pre>			
Owner FKG (	Oil Co	)		Purpose:  Routine	Follow-up		se Date 31/2025
Owner's Ac				<del>1</del> —			
<reda< td=""><td></td><td></td><td></td><td>Follow-up Complaint</td><td>Summary</td><td>of Violation</td><td></td></reda<>				Follow-up Complaint	Summary	of Violation	
Person in C				Pre-Operational	$_{\rm C}$ U	NC_(	$\bigcup_{\mathbf{R}} \mathbf{U}$
<reda< td=""><td></td><td></td><td></td><td>Temporary</td><td></td><td></td><td></td></reda<>				Temporary			
Responsible	e Person's	r-ma	ш	НАССР	Menu Typ	e (see aaai	tional page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u>3</u> C	<u>_4O_5O</u>
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIC	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 noted violati	ons.			
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720 N Owner Andre Owner's Ac <redac <redac="" c="" in="" person="" responsible<="" th=""><th>ent Addres Sonr S Cor ddress cted&gt; Charge cted&gt; e Person's</th><th>rrea</th><th></th><th>Telephone Number  (812-421-1986  (redacted&gt;  Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)</th><th>c_1</th><th>Release 03/</th><th></th></redac>	ent Addres Sonr S Cor ddress cted> Charge cted> e Person's	rrea		Telephone Number  (812-421-1986  (redacted>  Purpose:  Routine  Follow-up  Complaint  Pre-Operational  Temporary  HACCP  Other (list)	c_1	Release 03/	
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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	RELOW AS "P"
Section#	C/NC	R	Narrative		- 111 IN		orrected By
173	С	R	Observed meat stored above ready	to eat foods in wa	lk in		rrected by
170		1 \	Specifical mode dictor above ready	to cat rocae iii wa			nootou
Received by	acte	<u>d&gt;</u>	orinted):	Inspected by (name and title properties)	rinted):		
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Establishm Pana		S	an Miguel LLC	Telephone Number (812-814-8037)	Date of Ins (mm/dd/yr		13839
Establishm 2004	ent Addres Wash	ing	mber and street, city, state, zip code) Iton Ave, Evansville, IN, 47714	( ) Owner	03/17	/2025	
Owner Migue				Purpose:	Follow-uj		se Date 27/2025
Owner's Ac	ddress			Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td><math>\mathbf{\hat{\Gamma}}</math></td><td>_</td><td>_</td></reda<>				Complaint	$\mathbf{\hat{\Gamma}}$	_	_
Person in C				Pre-Operational	$_{\rm c}$ U	NC_(	$\mathcal{I}_{R}$ $\mathcal{U}_{R}$
<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 Typ	e (See addi	tional page)
Certified F	1 11 11			Other (list)	100		$\bigcap_{i}$
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		F IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IADKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ADDATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	MIMARY OF VIOLATIONS AN	DINTHEN		orrected By
Section#	C/INC	K	No noted violation	200		10 Ве С	nrected by
			No noted violatio	JI 18.			
Received by				Inspected by (name and title p	rinted):		
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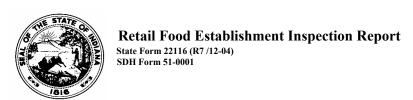
			•	-			
Establishme		٦,	Diau Mini Markat	Telephone Number	Date of Ins (mm/dd/yr		ID#
			Dieu Mini Market	786-222-8363	03/17	/2025	14204
			mber and street, city, state, zip code) Ave, Evansville, IN, 47714	<pre>(<redacted></redacted></pre>			
Owner Jeff Ra	anhae	اد		Purpose:	Follow-up No		se Date /27/2025
Owner's Ad				Follow-up		of Violation	
<reda< td=""><td>cted&gt;</td><td></td><td></td><td></td><td>Summary</td><td>_</td><td></td></reda<>	cted>				Summary	_	
Person in C				Complaint Pre-Operational	$\mathbf{L}_{\mathbf{C}}\mathbf{U}$	NC_(	)
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Responsible	Person's	E-ma	il	Temporary HACCP	Menu Typ	e (See addi	tional page)
				Other (list)			
Certified Fo		er		— Other (list)	1 2		<u>/4</u> <u>5</u> <u> </u>
• CRITICAL	ITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS I	MARKED "C"			
• VIOLATIO	N(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				orrected By
			No noted violation	ons.			
				<u> </u>			
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Received by		_	orinted):	Inspected by (name and title properties)	rinted):		
Received by				Inspected by (signature):			
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Taque		Y F	Pupuserias Miranda	Telephone Number (812-492-9992	Date of Ins (mm/dd/yr	·j	то# 14373
Establishmo	ent Addres Nash	ing	mber and street, city, state, zip code) ton Ave., Evansville, IN, 47714	( ) Owner	03/17	7/2025	
Owner Maria	Mirar	nda	& Johnathan Barrera	Purpose:	Follow-uj		se Date //27/2025
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td><math>\cap</math></td></reda<>				Complaint		(	$\cap$
Person in C				Pre-Operational	$_{\rm C}$	NC_	$0_{\rm R}$
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>) T</td><td>/C 11:</td><td>tional page)</td></reda<>			2	Temporary	) T	/C 11:	tional page)
Responsible	e Person's	L-ma	Ш	НАССР	Menu Typ	se (See aaai	tionai page)
Certified Fo		er		Other (list)	$1 \bigcirc 2$	<u></u>	<u>_4O_5O</u>
• CRITICAL	ITEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be C	orrected By
			No noted violation	ons.			
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Received by	(signature	):		Inspected by (signature):			
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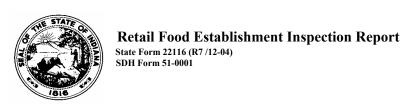
Establishm				Telephone Number	Date of Insp (mm/dd/yr)		ID#
Lodge	е Ма	rt		812-401-0755	03/19/		14562
			mber and street, city, state, zip code)	<pre>(<redacted></redacted></pre>	03/19/	2025	
2100 I	Lodge	<u>A</u>	venue, Evansville, IN, 47714	<re><redacted></redacted></re>			
Owner	DI	.1	_ •	Purpose:	Follow-up		se Date
Vinod		aw	aj	<b>✓</b> Routine	No	03/	29/2025
Owner's Ac				Follow-up	Summary of	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td>2</td><td>(</td><td>) ()</td></reda<>				Complaint	2	(	) ()
<reda< td=""><td></td><td></td><td></td><td>Pre-Operational</td><td>c_2</td><td>NC_</td><td>P R C</td></reda<>				Pre-Operational	c_2	NC_	P R C
Responsible			<u> </u>	Temporary	Menu Type	Soo addi	tional page)
Responsible	c i cison s	L-ma		<b>ПАССР</b>	- Wiena Type	, (See aaa	nonai page)
Certified F	ood Handle	er		Other (list)	10 <sub>2</sub> (	$\bigcirc_3$ $\bigcirc$	$)_{4}\bigcirc_{5}\bigcirc$
<redac< td=""><td></td><td></td><td></td><td></td><td>1</td><td><u></u></td><td><u></u></td></redac<>					1	<u></u>	<u></u>
• CRITICAL	LITEMS AR	E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		D IN THE N	PRATIVE	RELOWAS "D"
Section#	C/NC	R	Narrative	WINIART OF VIOLATIONS AN			
		K		asilad			orrected By
295	С		Ice machine guard				19/2025
177	С		Foods not covered or wrappe	ed in refrigerator.		03/	19/2025
							-
						-	
							_
						_	
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Establishme		_		Te	lephone Number	Date of In		ID#
Insom	าnia (	Co	okies	(9	30-227-9070		9/2025	14711
			mber and street, city, state, zip code)	(	redacted>	03/18	<i>1</i> /2025	
	aın Sti	ree	t Suite100, Evansville, IN, 47708					
Owner	nia C	00	kies Operators, LLC	<b>_</b>	rpose: 1	Follow-u		29/2025
Owner's Ad		001	kies Operators, LLC		Routine	No		
<reda< td=""><td></td><td></td><td></td><td></td><td>Follow-up</td><td>Summary</td><td>of Violation</td><td>18:</td></reda<>					Follow-up	Summary	of Violation	18:
Person in C				=	Complaint	_ ()	$_{\rm NC}$	) _()
<reda< td=""><td></td><td></td><td></td><td></td><td>Pre-Operational</td><td>c_<b>_</b></td><td>. NC</td><td><u></u></td></reda<>					Pre-Operational	c_ <b>_</b>	. NC	<u></u>
Responsible			il		Temporary	Menu Ty	pe <i>(See addii</i>	tional page)
					НАССР			
Certified Fo		er		L	Other (list)	$1 \bigcirc 2$	$\bigcirc$ 3 $\bigcirc$	<u>)4U5U</u>
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• CRITICAL	ITEMS AR	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARK	ŒD "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMA	RY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative				To Be Co	orrected By
			No noted violation	วทร	i <b>.</b>		ı	
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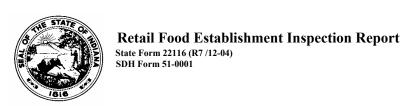
2345 ( Owner	art Ir ent Addres Cover Baha Idress Cted> harge Cted>	adu	mber and street, city, state, zip code) AVE, Evansville, IN, 47714  Ir Lama		Telephone Number  (812-473-7222  ( <redacted> Purpose: Routine Follow-up Complaint Pre-Operational Temporary</redacted>	Follow-up NO Summary C	P Release 03/	
Certified Food Handler <redacted></redacted>					HACCP Other (list)	1 <u>0</u> 2		
		E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM	MNS MA	RKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	IE "SUM!	MARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrativ	ve .			To Be Co	orrected By
			No noted vio	latior	ns.			
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Establishm				Telephone Number	Date of Ins (mm/dd/yr)		ID#		
Noch	e			812-227-3514	03/18		15170		
			mber and street, city, state, zip code)	<pre>      &lt; redacted&gt;   </pre>	03/10/	2025			
	vv. Fr	anı	klin, Evansville, IN, 47712						
Owner Richie	Doto	J		Purpose: Follow-up Release Date NO 03/20/2					
Owner's A		<u>: I</u>		Routine					
<reda< td=""><td>_</td><td></td><td></td><td>Follow-up</td><td>-</td><td>of Violation</td><td></td></reda<>	_			Follow-up	-	of Violation			
Person in C				Complaint	2	$_{\rm NC}$	)		
<reda< td=""><td>_</td><td></td><td></td><td>Pre-Operational</td><td>C</td><td>NC_</td><td><u>R</u></td></reda<>	_			Pre-Operational	C	NC_	<u>R</u>		
Responsible			il	Temporary	Menu Typ	e (See addi	tional page)		
				НАССР					
Certified F		er		Other (list)	$1 \bigcirc 2$	<u>3</u>	<u>)4U5U</u>		
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• CRITICAL	ITEMS AR	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"					
• VIOLATIO	N(S) REPE	ATEL	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		
173	С		Observed Meat stored above/beside rea	ady to eat foods in w	valk in.	Co	rrected		
438	С		Observed spray bottle w	rith no lable.		Со	rrected		
			. ,						
					T				
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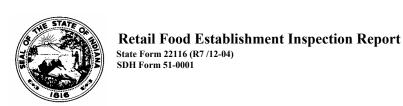
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Establishm		\∩f		Telephone Number	Date of Ins (mm/dd/yr		ID#
Orang				812-746-7081	03/17	/2025	15472
			mber and street, city, state, zip code) Ave, Evansville, IN, 47714	<pre><redacted></redacted></pre>			
Owner				Purpose:	Follow-uj		se Date
Derek	Unge	eth	iem	Routine	No	03/	27/2025
Owner's A				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) (</td></reda<>				Complaint		(	) (
Person in C				Pre-Operational	$c_{\mathbf{U}}$	NC_	$0_{\rm R}$
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Responsible	e Person's	L-ma	II.	НАССР	Menu Typ	e (See aaai	tional page)
Certified F	ood Handl	or		Other (list)	102	(•) <sub>2</sub> (	$)_4\bigcirc_5\bigcirc$
Certified F	oou manur	C1			102	<u></u>	<u> </u>
• CRITICAL	L ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"	<u> </u>		
• 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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Establishme				Telephone Number	Date of Ins (mm/dd/yr		ID#
Dunk				856-873-2448	03/17	/2025	15473
Establishmo	ent Addres	1 S	uite 112, Evansville, IN, 47711	' <redacted></redacted>	00, 11		
Owner		4		Purpose:	Follow-up		se Date
Dunkii		ut		Routine	No	03/	27/2025
Owner's Ad				Follow-up	Summary	of Violation	ns:
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Person in C				<b>✓</b> Pre-Operational	c	NC_	$\frac{1}{R}$
Responsible			il	Temporary	Menu Tvn	e <i>(See addi</i>	tional page)
F				НАССР			
Certified Fo	ood Handl	er		Other (list)	$1 \bigcirc 2$	$\bigcirc_3$	<u>)4050</u>
• CRITICAL	ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "C"			
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	MINIMI OF VIOLATIONS AND	DIN THE IN		orrected By
Sectioniii	Circ	10	Approved for oper	ation		ТОВСС	Miceteu By
			πρριονέα τοι όρει	ation.			
Received by			printed):	Inspected by (name and title predacted>	rinted):		
Received by				Inspected by (signature):			
cc:			cc:		cc:		



Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
The C	)live (	Эaı	den Italian Restaurant #6524	812-774-4550	03/21/2	2025	15476
			mber and street, city, state, zip code) ive, Evansville, IN, 47712	<pre>(<redacted></redacted></pre>	03/21/	2025	
Owner	<u> </u>			Purpose:	Follow-up		se Date
		en	Holdings, LLC	Routine	Yes	03/	31/2025
Owner's A				Follow-up	Summary o	f Violatio	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		(	) ()
Person in C				<b>✓</b> Pre-Operational	$_{\rm C}$	NC_	$\frac{1}{R}$
<reda< td=""><td></td><td></td><td>2</td><td>Temporary</td><td>) T</td><td>/C 11:</td><td></td></reda<>			2	Temporary	) T	/C 11:	
Kesponsible	e Person's	L-ma	Ш	НАССР	Menu Type	(See aaai	tional page)
Certified F	ood Handl	or		Other (list)	10,0	),(•	$)_4\bigcirc_5\bigcirc$
certifica r	ood Handi	<b>,</b> 1				<u></u>	<u>/4030</u>
• CRITICAL	. ITEMS AF	RE IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	I IARKED "C"			
• VIOLATIO	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
			Approved for oper	ation.			
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	<u> </u>		D	· · · · · · · · · · · · · · · · · · ·			
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Received by	(signature	):		Inspected by (signature):			
cc:			cc:		cc:		



Establishment Name				Telephone Number	Date of Inspection (mm/dd/yr)		ID#
tastebuds				812-568-4189	` '	/2025	15482
Establishment Address (number and street, city, state, zip code)				<redacted></redacted>	00/20	72020	
	_ong	<u>۲</u> 0	int Drive, Evansville, IN, 47715				
Owner	1 1' -			Purpose:	Follow-uj	P Releas	se Date
david				Routine	No	03/	30/2025
Owner's Ac				Follow-up	Summary	of Violation	ns:
<reda< td=""><td></td><td></td><td></td><td>Complaint</td><td></td><td>(</td><td>) ()</td></reda<>				Complaint		(	) ()
Person in C				Pre-Operational	$_{\rm C}$ $\cup$	NC (	$0_{\rm R}$
<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 Typ	e (See addi	tional page)
G 18 17				Other (list)			$\bigcirc$
Certified Fo	ood Handl	er			$1 \bigcirc 2$		<u> 1405</u>
					<u> </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
			Approved for oper	ation.			
			T.L.				
Received by	(name and	title 1	printed):	Inspected by (name and title pr	rinted):		
				<redacted></redacted>	,-		
received by (signature).				Inspected by (signature):			
cc:			cc:		cc:		
					1		