

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> MY OH MY LOLLIES	<b>Telephone Number</b> Est Own 502-450-4206/954-888	<b>Date of Inspection</b> 06/07/2025	<b>ID#</b>
<b>Address</b> 900 EAST KY ST SUITE 2, LOUISVILLE KY 40065	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 06/17/2025
<b>Owner</b> CAROLINE KESTEN AND NERISSA SPARKMAN		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Owner's Address</b> 360 OLD HWY 135 SW CORYDON, IN 47112			
<b>Person in Charge</b>			
<b>Responsible Person's Email</b> OHMYLOLLIES@GMAIL.COM			
<b>Certified Food Handler</b>			

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 COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				No violations. The mobile permit should be kept with the mobile unit.	

<b>Summary of Violations</b>	C <input type="checkbox"/>	NC <input type="checkbox"/>	R <input type="checkbox"/>	0
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Received by (name and title printed): NERISSA SPARKMAN	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: