



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Clinton County Health Department
1234 Rossville Ave., Ste. B
Frankfort, IN 46041

~~Frankfort, IN 46041~~

TIME-IN 2:00 pm
shment Sanitation Requirements.
TIME-OUT 3:45 pm

Establishment Name Applebee's Grill & Bar	Telephone Number (765) 659-2907	Date of Inspection 7/20/25	ID #
Establishment Address (number and street, city, state, ZIP code) 2432 E. WABASH ST. FRANKFORT, IN			
Owner Apple Indiana, LLC	Purpose: 1. Routine	Follow-up No	Release Date 10 days
Owner's Address 6200 OAK TREE BLVD, STE 250, OH	2. Follow-up	Summary of Violations:	
Person in Charge Jesse Johnson	3. Complaint	C NC R	
Responsible Person's E-mail FRANKFORT@APPLEAMERICAN.COM	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler Jesse Johnson	5. Temporary	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
	6. HACCP		
	7. Other (list) _____		

- 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".

Received by (name and title printed): <i>Jesse Johnson (Kitchen Manager)</i>	Inspected by (name and title printed): <i>Rodney Wann, EHS</i>	
Received by (signature): <i>Jesse J. Johnson</i>	Inspected by (signature): <i>Rodney Wann, EHS</i>	
cc:	cc:	cc: