



## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

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

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.

Establishment Name <u>Anni's (Frankfort)</u>	Telephone Number (765) 659-2764	Date of Inspection (mm/dd/yr) <u>8/5/25</u>	ID #
Establishment Address (number and street, city, state, ZIP code) <u>12 E. Washington St. Frankfort</u>			
Owner <u>BEAD Cohen</u>	Purpose: 1. Routine	Follow-up	Release Date <u>10 days</u>
Owner's Address <u>2200 Elmwood Ave Ste D-10 LAFAYETTE, IN</u>	2. Follow-up	Summary of Violations:	
Person in Charge <u>ERIC ROTTNER</u>	3. Complaint	<u>C</u> <u>NC</u> <u>R</u>	
Responsible Person's E-mail <u>bcohen@meetyouatannis.com</u>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <u>Eric Rottner</u>	5. Temporary	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
	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*):

ERIC ROTTGER GENERAL MANAGER

Inspected by (name and title printed):

inspected by (name and title printed):

Received by (signature):

Received by (signature):

Inspected by (signature):

Lorraine S. Wahr, EHO  
cc:

CC:

66

100