



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

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

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

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 <i>Applebee's Neighborhood Grill & Bar</i>	Telephone Number <i>515-365-1755</i>	Date of Inspection <i>4/24/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>129 N. Baldwin Street Unit #82</i>	Establishment Owner <i>Apple Indiana, LLC</i>	Owner <i>50mle</i>	
Owner <i>Apple Indiana, LLC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i>	Follow-up <i>NO 100 Days</i>	Release Date <i>4</i>
Owner's Address <i>50mle</i>		Summary of Violations: <i>C 1 NC 4 R</i>	
Person in Charge <i>Kristina</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Alisa Bryant</i>	1/11/24		

• 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 Corrected By
297	NC		<i>Bar/Cucina Soda nozzle stuck w/ dry syrup & today - needs cleaned nightly</i>	
310	NC		<i>Kitchen: Wall unit cooler pan has dust/dark debris on them - needs cleaned</i>	
295	NC		<i>Stand up freezer soiled w/ dry food debris on outside and bottom inside</i>	
431	NC		<i>Floors w/ front of wall cooler soiled w/ food debris - needs - needs to be smooth easy cleanable</i>	
345	C		<i>Hand sink black by back prep area</i>	

Received by (name and title printed):

Kristina Flores

Inspected by (name and title printed):

Angela Collier

Received by (signature):

Kristina Flores

Inspected by (signature):

Angela Collier 4/24/25

cc:

cc:

cc:

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 4-27-2025

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 4/24/25

DATE ACTION TAKEN

4-25-25 - Spoke with BARTENDERS About nightly cleaning w/BAC Gun
4-25-25 - RYAN Kitchen mar cleaned fan in walk in
4-27-25 - Cleared & detailed stand up freezer
4-28-25 - washed & detailed all hand sinks & coacked
COOKS about after washing hands to check for cleanliness.
4-28-25 - called Area Director about grout & missing tiles.
Will follow up.

(Please forward this form to the Grant County Health Department by
Mail / Fax with 10 days)

Name Alicia Bryant Title General Manager

Establishment Applebee's

Address 1129 N. Baldwin Marion IN 46952

Attach additional sheets as needed.