



## **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 <b>Dolce General Store #2612</b>	Telephone Number ( 763 ) 293-2203	Date of Inspection (mm/dd/yr) <b>1-20-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>801 E. Main St., Pool City</b>			
Owner <b>Dolce Corp, LLC</b>	Purpose: <ul style="list-style-type: none"><li>1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list) _____</li></ul>	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner's Address <b>same</b>			
Person in Charge <b>Julie Ta</b>			
Responsible Person's E-mail <b>_____</b>			
Certified Food Handler <b>N/A</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 BELOW AS "R"

Received by (name and title printed):

Received by (name and title printed):  
**Nakita Purvis**

Inspected by (name and title) John A. Smith

Inspected by (Name and Inspection Date):  
Angela M. Gellum  
Inspected (Signature): Angela M. Gellum 1510

Received by (signature):

Received by (signature):  
Nakita Puro

Inspected by (Signature):

Inspected by (signature): John Williams 1510

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cc