

**Permit #**

**\*\*SKIPPED\*\***

**\* BUSINESS OR ORGANIZATION NAME**

Orland Park Crossing / Edwards Realty Company

**\* BUSINESS OR ORGANIZATION NAME ADDRESS**

Orland Park Crossing/Edwards Realty Company  
14400 S. John Humphrey Drive  
Suite 200 Orland Park 60462

**\* PHONE #**

(708) 923-6312

**\* EMAIL**

michele@edwardsrealtyco.com

**\* CONTACT PERSON**

Michele Cruse

**\* CONTACT PERSON ADDRESS**

Michele Cruse  
14400 S. John Humphrey Drive, Suite 200  
Orland Park IL 60462

**\* PHONE #**

(708) 923-6312

**\* EMAIL**

michele@edwardsrealtyco.com

**\* CHAIRPERSON OF SPECIAL EVENT**

Michele Cruse

**\* CHAIRPERSON ADDRESS**

14400 S. John Humphrey Drive  
Suite 200  
Orland Park IL 60462

**\* PHONE #**

(708) 923-6312

**\* EMAIL**

michele@edwardsrealtyco.com

**\* EVENT DAY CONTACT PERSON**

Michele Cruse

**\* EVENT DAY CONTACT PERSON ADDRESS**

Orland Park Crossing  
9500 W. 143rd Street  
Orland Park IL 60462

**\* PHONE #**

(708) 923-6312

**\* EVENT DAY CONTACT PERSON EMAIL**

michele@edwardsrealtyco.com

**\* LOCATION AND ADDRESS OF EVENT**

Orland Park Crossing Shopping Center, 9500 W. 143rd Street, Orland Park, IL 60462

**\* TYPE OF EVENT:**

Customer Appreciation Day "Summer Sidewalk Sale"

**\* EVENT ON PUBLIC PROPERTY**

ALL OTHER VILLAGE PROPERTY RENTALS

**\* EVENT ON PRIVATE PROPERTY**

OUTDOOR EVENT

COMMERCIAL FILMING/PICTURES

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**\* DESCRIPTION OF EVENT**

Customer Appreciation Day - "Summer Sidewalk Sale"

**\* LIST DATES OF EVENT WITH HOURS OF OPERATION**

7/25, 7/26, 3pm - 6pm 7/27, 7/28 12pm - 3pm

**\* SET-UP DATE & TIME**

07/25/2024 1:00 PM

**\* TEAR-DOWN DATE & TIME**

07/28/2024 3:00 PM

**\* APPROXIMATE NUMBER OF PERSONS INVITED AND/OR EXPECTED TO ATTEND OR PARTICIPATE**

50-100

(Additional Fees May Apply)

**\* WILL FOOD BE SERVED?**

YES

**\* WILL YOUR EVENT INCLUDE A FOOD TRUCK? (Food being prepared and served from the vehicle)**

YES

**\* WILL ALCOHOL BE SERVED? (If YES, contact Mayor's Office at 708-403-6160 and complete the "Application for Temporary Liquor License.")**

NO

**PHONE #**

(708) 923-6312

**EMAIL**

michele@edwardsrealtyco.com

**\* WILL GENERATORS BE UTILIZED?**

NO

**If YES, please describe the size/type:**

\*\*SKIPPED\*\*

**\* WILL THERE BE A RAFFLE? (Contact Village Clerk at 708-403-6150)**

NO

**PHONE #**

\*\*SKIPPED\*\*

**EMAIL**

\*\*SKIPPED\*\*

**\* WILL THERE BE LIVE ENTERTAINMENT? (Music must end by 10:30PM Sun-Th, 11:30PM Fri-Sat)**

NO

**\* WILL THERE BE TEMPORARY SIGNAGE? (Banners, Inflatables, Etc.)**

NO

**\* WILL THERE BE A TENT?**

NO

**\* WILL THERE BE ANY STRUCTURES OTHER THAN A TENT? (Stage, Etc.)**

NO

**If YES, list structures:**

\*\*SKIPPED\*\*

**\* WILL THERE BE ANY ROAD OR SIDEWALK OR RIGHT-OF-WAY CLOSURES?**

NO

\* WILL THE EVENT BEGIN AT ONE LOCATION AND TERMINATE AT ANOTHER?  
NO

If YES, complete the questions below. If NO, sign and date to complete application.

**1. The route to be traveled, the starting point, the termination point, and the location of any stopping point, speakers' platforms, or similar, if any. (A. Provide Map, B. Google Aerial Image with route traced is OK.)**

\*\*SKIPPED\*\*

Attachment

\*\*SKIPPED\*\*

**2. The approximate number of persons who, and animals and vehicles which, will constitute the event, types of animals, and description of the vehicles.**

\*\*SKIPPED\*\*

**3. The hours when the event will start and terminate.**

\*\*SKIPPED\*\*

**4. Please provide a statement as to whether the event will occupy all or a portion of the width of the streets proposed to be traversed.**

\*\*SKIPPED\*\*

**5. The location of any assembly areas for the event.**

\*\*SKIPPED\*\*

**6. The time and location at which units of the event will begin to assemble at any such assembly area or areas.**

\*\*SKIPPED\*\*

Please attach the above information if your event falls into the applicable category.

\* **APPLICANT NAME**

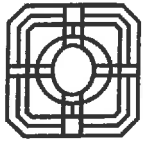
Michele Cruse

\* **DATE**

06/25/2024

\* I attest that the information provided above is to the best of my knowledge accurate. I understand that by checking this box and providing my name and date above, this also acts as my signature.

Checking this box also acts as my signature.



# ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT  
 14700 RAVINIA AVENUE  
 ORLAND PARK, ILLINOIS 60462  
 708-403-5300  
[www.orlandpark.org](http://www.orlandpark.org)

## TEMPORARY FOOD SERVICE PERMIT APPLICATION

<b>Event Information</b>		<b>Application Date:</b> 6/25/24		
<b>Event Name:</b> Summer Sidewalk Sale				
<b>Location:</b> 14225 S 95th Ave, Orland Park				
<b>Set Up Date:</b> 7/25/24		<b>Set Up Time:</b> 3:30p		<b>Event Times:</b> 5-8pm
<b>Event Dates: Starting</b> 7/25/24		<b>Ending:</b> 7/25/24		
<b>Will be at this location for</b> 3 <b>days/dates. If not consecutive days, list dates here:</b>				
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
	7/25/24			
	Summer Sidewalk			

\*This permit is only good for one location, for a maximum of the fourteen (14) days listed above.

<b>Vendor Information</b>		
<b>Organization/Business Name:</b> The Happy Lobster		
<b>Address:</b> 2300 S Throop St		
<b>City:</b> Chicago	<b>State:</b> IL	<b>Zip Code:</b> 60608
<b>Phone#:</b> 847-951-0905	<b>Fax #:</b>	
<b>Organization Chairperson/Business Owner</b>		
<b>Name:</b> Tyler Cullitan	<b>Phone#:</b> 847-951-0905	
<b>For vendors using multiple booths note Booth #:</b>		

<b>Applicant's Signature</b>	<b>Printed Name</b>
	Tyler Cullitan

<b>Health Inspector's Signature</b>	<b>Printed Name</b>
	Kyle Moy

\*Application and fee shall be received at least 30 days in advance of the event. Sanitarian must approve menu and booth questionnaire before a permit can be issued.

\*Fee is payable by cash, check or Visa/MasterCard at the Village Hall. The fee is nonrefundable.

<b>For Office Use Only</b>			
<b>Permit Type:</b>	<input type="checkbox"/> Food Festival	<input type="checkbox"/> School	<input type="checkbox"/> Other
<b>San ID #:</b>	<b>Risk Type:</b>		
<b>Fee Type:</b>	<b>Fee Amount:</b>		

No health inspection required. VOP inspecting food truck on 7/16/24 for different event (Bingo Night). *(KM)*

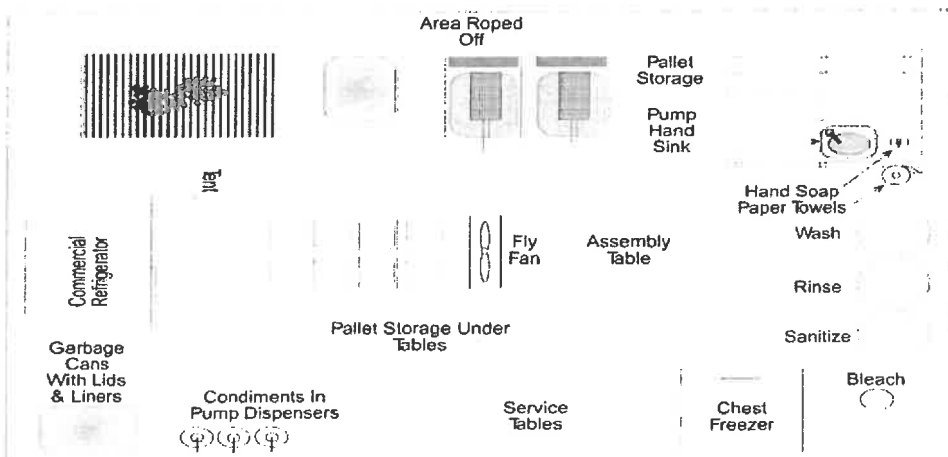
<b>Permit #</b>	<b>Date Issued:</b>
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### Menu and Procedure Review

Food to be Prepared	Supplier Information	Process of Transportation/Preparation to Event
<i>i.e. Hamburger</i>	<i>Gordon's Food Service</i>	<i>Transported in insulated container, held in commercial freezer, cooked on site to serve</i>
<i>i.e. Cooked Rice</i>	<i>Sysco</i>	<i>Made at restaurant, transported in insulated container and held at steam table</i>
Lobster	VIP Seafood	pre-cooked claw&knuckle meat, vacuum sealed by
Bread	Turano Baking	packed, held on breadrack for transport, toasted on
Cheese	Gordon Food Service	pre-sliced Havarti & White cheddar for lobster grille
Red Cabbage Slaw	Sysco	malt vinegar slaw, individual cups prepped, held in
		All prep is done on truck, perishables in fridge during

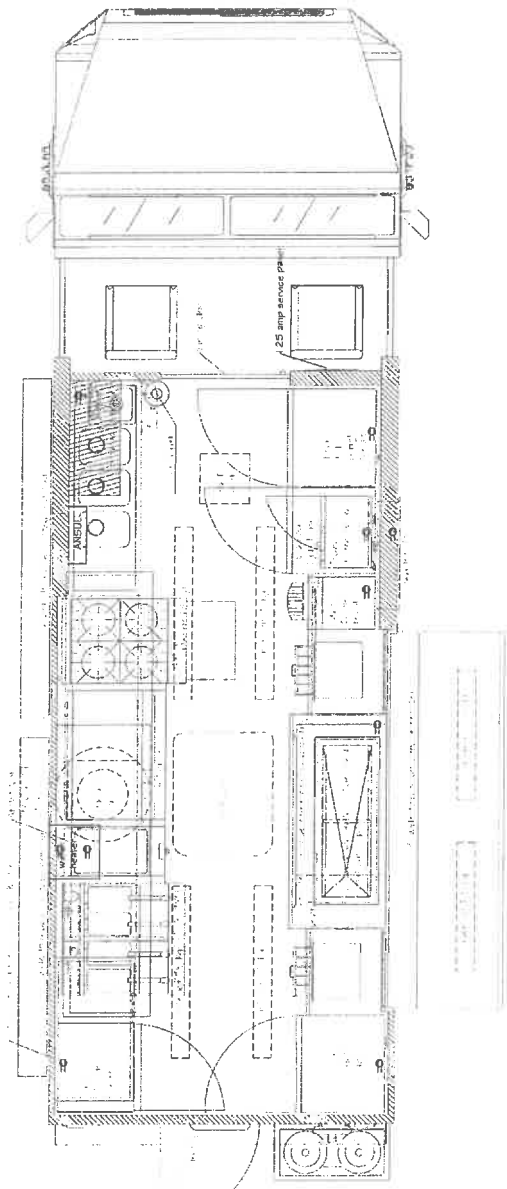
**Answer the following questions about what equipment will be provided at your booth:**

Where will your booth be located?	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Food Truck	Yes	N/A
Approved transportation equipment for hot and cold foods.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical hot holding equipment (i.e., no heat lamps or crockpots).				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mechanical cold holding commercial refrigeration or freezers (i.e., no household refrigerators).				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Probe and equipment thermometers for checking food and equipment temperatures.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flooring and overhead cover, if not provided by the organizer.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dunnage racks or pallets to store all food and paper goods off the ground.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional clean, wrapped cooking utensils.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispensers for condiments (i.e., pre-packages, squeeze bottles or hinged lid containers).				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Handwashing facilities with paper towels and liquid hand soap (i.e., a camp sink or a container with a hands free tap and a bucket to catch the waste water).				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clean clothes and hair covering (i.e., cap, visor, or bandana) for employees.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wash, rinse and sanitize containers that are large enough to hold soiled utensils.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleaning supplies (i.e., dish soap, sanitizer, sanitizer test strips, brooms, trash bags, and garbage cans with lids).				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wiping cloths and extra buckets, fans, containers for used cooking oil, and charcoal, extension cords, fire extinguishers, and first aid kits.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
All food is obtained from approved commercial sources (i.e., local stores, distributors, or restaurants). Home prepared food is prohibited.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor bringing prepared food from outside the Village of Orland Park – A current health inspection report for facility where food was prepared is required.				<input checked="" type="checkbox"/>	<input type="checkbox"/>



*Example Booth Layout*

**Provide Booth Layout with your Completed Application**



Name: Schwanenherb, Halim, Lobster Truck  
 Title: 18' box Freezer/food truck  
 Quote/Work #: 15-15-15  
 Scale: 3/4" = 1'  
 Drawing Loc: S/Freezer/2015/Schwanenherb/18' Box

**Legend**

--- COULDER LINES  
 --- CUSTOMER EQUIPMENT  
 --- OTHER  
 --- PARTS  
 --- FINISH

Prints are for quote purposes only, and may vary slightly due to manufacturing requirements. Construction cannot begin until prints are approved & signed by customer.

APPROVED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_



Schwanenherb Mfg. Inc.  
 11400 S. 15th St.  
 Suite 100  
 Tukwila, WA 98148  
 (206) 835-1515

The designs and specifications presented here are the property of Schwanenherb Mfg. Inc. Customer agrees that it will keep confidential and not disclose or use for any other purpose, in whole or in part, any information, drawings, plans, specifications, or other materials furnished by Schwanenherb Mfg. Inc.



Chicago Smoke LTD 2300 South Throop Street Chicago IL 60608

(1) 312.497.4228 (F) 312.226.0508 www.csk@chicagosmokekitchen.com

### SUPPLEMENTAL SHARED KITCHEN AGREEMENT

Name of Business and Contact: **The Happy Lobster LLC (1<sup>st</sup> Food Truck\*) / Alex Robinson**

Date: **April 27, 2023**

Address: **1170 Buttonwood Lane, Northbrook, IL 60062**

Phone/ Fax Number: **847-370-0121**

Email: **Alex@HappyLobsterTruck.com**

The operations conducted in the supplemental shared kitchen establishment will include (check all that apply):

- Cold storage of food products
- Dry storage of foods products
- Food preparation (preparing, cutting, cooking, cooling, reheating etc)
- Cleaning/ Sanitizing of equipment and utensils
- Servicing water system (filling potable water and disposal of wastewater)
- Other (list): \_\_\_\_\_

*6/25/24  
Spoke w/ Chicago  
Smoke representative  
over the phone. They  
Confirmed agreement  
valid  
for 2 year  
from the date  
it was signed  
KW*

The above named supplemental shared kitchen facility has given their permission for the business known as **The Happy Lobster LLC** of 1170 Buttonwood Lane, Northbrook, IL 60062 to use the Chicago Smoke facility **for the dates outlined in their lease**, for the operations indicated.

*[Signature]* 4/27/23  
 \_\_\_\_\_  
 For Chicago Smoke, LTD - Matthew Bratho, Food Manager Date

Signature of Client – Alex Robinson, Manager, The Happy Lobster LLC Date

\* FOOD TRUCK:  
 Truck #  
 Make & Model: *Freightliner MT65*  
 VIN: *4UZAANOU2CCBHE463*  
 Plate: *1SR4921*

This agreement is valid for the 2 year term based upon the issuance of this supplemental agreement from the City of Chicago. Agreement Management may be terminated with a 30 day written notice from either party. Failure to comply with Chicago Smoke and local department fire standards as well as the City of Chicago and state health and safety requirements may result in suspension or termination of this agreement.



DUPAGE COUNTY HEALTH DEPARTMENT

111 North County Farm Road, Wheaton, Illinois 60187 (630) 682-7400

Letter of Agreement to Use Commissary (Complete for Risk Type IA and 2A)

DATE: June 10, 2024

TO: DuPage County Health Department

Please accept this letter as my permission for the following operator [OPERATOR NAME: HAPPY LOBSTER] to use my business as a commissary for their mobile vending business which includes:

- Food storage
• Supplies storage
• Maintenance of cart/truck/trailer
• Provision of clean water and disposal of waste water

\*Attached is a copy of my most recent inspection report from the local health authority.\*

Printed Name: JOHN H STAGGS II

Signature: [Handwritten Signature]

E-mail Address: accounting.2243LLC@yahoo.com

Name of Facility/Commissary: CHICAGO SMOKE LTD

Address: 2300 S. THROOP ST. City: CHICAGO

State: IL Zip: 60608 Phone: 312-492-8325

Office Use Only

Current DCHD Permit? Yes [ ] No [ ] If Yes, FS#: \_\_\_\_\_

If out of county commissary, recent inspection report received and attached [ ]

Phone Verification of Commissary Completed [ ] (Required prior to approval)

Area Sanitarian Notification [ ] (Required prior to approval)

Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_



**This food establishment  
was last inspected by the  
Chicago Department of Public Health**

On April 02 2024

**This establishment was found  
to be in substantial compliance  
with Chicago's Health Code.**

Signature of Inspecting sanitarian D. Mendez

Signature of Certified manager M P W A R S H

Business Name CHICAGO SMOKE LTD

Address 2300 S THROOP ST

CHICAGO, IL 60608

By order of the municipal code, this inspection report summary must be posted in plain view of this establishment's customers. Altering or removing this document is punishable by law.



City of Chicago  
Brandon Johnson  
Mayor



Chicago Department of Public Health  
Olusimbo Ige, MD, MS, MPH  
Commissioner

If you have a complaint about a food establishment, please phone 311, (TTY users dial 312-744-8599)

Inspection #: 2591653  
 License #: 1271546  
 Inspection Type: Canvass  
 Facility Type: Catering  
 SR #:            SFP #:  
 Fire #:

**Chicago Department of Public Health**  
**Food Protection Division**  
**Food Establishment Inspection Report**  
 Telephone: 312.746.8030      FAX: 312.746.4240  
 TTY: 312.744.2374      www.CityofChicago.org/Health  
 CDPHFood@cityofchicago.org

No. of Risk Factor/Intervention Violations: 0  
 No. of Repeat Risk Factor/Intervention Violations: 0  
 Inspection Date: 04/02/2024  
 Started: 09:30am      Completed: 10:50am  
 Inspector's Badge #: 216      Supervisor's Badge #: 316

Business Address: 2300 S THROOP ST      Zip: 60608      Location on Site: 1ST, LL      Business Phone: (312) 492-8326  
 Legal Name: CHICAGO SMOKE LTD.      D/B/A: CHICAGO SMOKE LTD      A/K/A: CHICAGO SMOKE

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
 IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable  
 Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation  
 Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status		COS	R
<b>SUPERVISION</b>				<b>PROTECTION FROM CONTAMINATION</b>			
1	IN			15	IN		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	IN			16	IN		
City of Chicago Food Service Sanitation Certificate				Food-contact surfaces: cleaned & sanitized			
<b>EMPLOYEE HEALTH</b>				<b>TIME/TEMPERATURE CONTROL FOR SAFETY (TCS)</b>			
3	IN			17	IN		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time & temperatures			
4	IN			18	IN		
Proper use of restriction and exclusion				Proper reheating procedures for hot holding			
5	IN			19	IN		
Procedures for responding to vomiting and diarrheal events				Proper cooling time and temperature			
<b>GOOD HYGIENIC PRACTICES</b>				<b>CONSUMER ADVISORY</b>			
6	IN			20	IN		
Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperatures			
7	IN			21	IN		
No discharge from eyes, nose, and mouth				Proper cold holding temperatures			
<b>PREVENTING CONTAMINATION BY HANDS</b>				<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>			
8	IN			22	IN		
Hands clean & properly washed				Proper date marking and disposition			
9	IN			23	IN		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Time as a Public Health Control; procedures & records			
10	IN			<b>CONSUMER ADVISORY</b>			
Adequate handwashing sinks properly supplied and accessible				25	IN		
<b>APPROVED SOURCE</b>				<b>FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES</b>			
11	IN			26	IN		
Food obtained from approved source				Pasteurized foods used; prohibited foods not offered			
12	IN			<b>FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES</b>			
Food received at proper temperature				27	IN		
13	IN			Food additives: approved and properly used			
Food in good condition, safe, & unadulterated				28	IN		
14	IN			Toxic substances properly identified, stored, & used			
Required records available: shellstock tags, parasite destruction				<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
<b>GOOD RETAIL PRACTICES</b>				29	IN		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
<b>SAFE FOOD AND WATER</b>				<b>UTENSILS, EQUIPMENT, AND VENDING</b>			
30	IN			47	IN		
Pasteurized eggs used where required				Food & non-food contact surfaces cleanable, properly designed, constructed & used			
31	IN			48	IN		
Water & ice from approved source				Warewashing facilities: installed, maintained & used; test strips			
32	IN			49	IN		
Variance obtained for specialized processing methods				Non-food/food contact surfaces clean			
<b>FOOD TEMPERATURE CONTROL</b>				<b>PHYSICAL FACILITIES</b>			
33	IN			50	IN		
Proper cooling methods used; adequate equipment for temperature control				Hot & cold water available; adequate pressure			
34	IN			51	IN		
Plant food properly cooked for hot holding				Plumbing installed; proper backflow devices			
35	IN			52	IN		
Approved thawing methods used				Sewage & waste water properly disposed			
36	IN			53	IN		
Thermometers provided & accurate				Toilet facilities: properly constructed, supplied, & cleaned			
<b>FOOD IDENTIFICATION</b>				54	IN		
37	IN			Garbage & refuse properly disposed; facilities maintained			
Food properly labeled; original container				55	IN		
<b>PREVENTION OF FOOD CONTAMINATION</b>				Physical facilities installed, maintained & clean			
38	IN			56	IN		
Insects, rodents, & animals not present				Adequate ventilation & lighting; designated areas used			
39	IN			<b>EMPLOYEE TRAINING</b>			
Contamination prevented during food preparation, storage & display				57	IN		
40	IN			All food employees have food handler training			
Personal cleanliness				58	IN		
41	IN			Allergen training as required			
Wiping cloths: properly used & stored				<b>CITY OF CHICAGO ORDINANCE COMPLIANCE</b>			
42	IN			59	IN		
Washing fruits & vegetables				Previous priority foundation violation corrected			
<b>PROPER USE OF UTENSILS</b>				60	IN		
43	IN			Previous core violation corrected			
In-use utensils: properly stored				61	IN		
44	IN			Summary Report displayed and visible to the public			
Utensils, equipment & linens: properly stored, dried, & handled				62	IN		
45	IN			Compliance with Clean Indoor Air Ordinance			
Single-use/single-service articles: properly stored & used				63	IN		
46	IN			Removal of Suspension Sign			
Gloves used properly				64	IN		
				Miscellaneous / Public Health Orders			

Establishments: CHICAGO SMOKE LTD

Establishment #: 1271546

Disposal Service: GROOT		Pest Control: ECOLAB		Pest License #: 051-026300	
Total # Seals: 8	# Food Prep Areas: 2	HACCP Concept Presented: Yes		Citations Issued: 0	Does The Facility Cater: Yes
Risk: High (Category 1) 04/02/2024	Reason For Risk Change:	Running Hot Water: Yes	School Type:	# Employees: 2	# Washrooms: 3
HT Dish Machine: No,	LT Dish Machine: Yes, Chlorine 100ppm	3 Compartment Sink: Yes, Not Setup		License Suspended:	Cease and Desist:
# of Washbowl Sinks: 5	# of Exposed Sinks: 4	# of Utility Sinks: 1	# 2 Compartment Sinks: 0	# 3 Compartment Sinks: 3	# Other Sinks: 0
Location: TOILET ROOMS	Location: PREP AREAS	Location: CLOSET	Location: NONE	Location: PREP AREAS	Location: NONE

**Certified Manager(s) (name, expiration date, ID#):**

JOHN STAGGS Exp. Date: 04/18/2027 ID #: MXC-10789	MATTHEW BRATKO Exp. Date: 08/30/2025 ID #: MX1-9712	JEFF WANG Exp. Date: 04/18/2027 ID #: KK3-2614	MICHAEL WALSH Exp. Date: 02/13/2028 ID #: KK3-1318
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**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
AMBIENT AIR/Refrigerator	39.00°F	AMBIENT AIR/Walk-In Cooler	37.00°F		

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By Date
Inspection Comments	NO VIOLATIONS NOTED DURING THE INSPECTION. INSPECTION REPORT EMAILED TO MIKEWALSHATABC@GMAIL.COM, PILSENCAMPUSLLC@HOTMAIL.COM, ACCOUNTING.2243LLC@YAHOO.COM SUMMARY ISSUED.	

1. Determine the Hazard: Discussed the HACCP principle of Conducting a Hazard Analysis of identifying a potential hazard as microbiological, physical or chemical.

Person In Charge (Signature) MICHAEL WALSH	Date: 4/2/24
Inspector (216)	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date:

PASSED:  X  PASSED w/COND:      FAILED:    

NOTE: THE FINAL RESULTS OF THIS INSPECTION WILL BE DETERMINED BY THE REVIEWING SUPERVISING SANITARIAN

You have just received an inspection by the City of Chicago, Department of Public Health, Food Protection Program. Your feedback on the inspection process is important to us. Please go to <https://www.chicagohan.org/surveys> to complete a short survey.