UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS S	SPACE
Case No.		Date Filed
	29-RC-247530	9/3/2019

-INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in 12). The sh	must be accom the petition of: owing of interes	panied by (1) the pet st should (both a si ition; (2) S only be file	howing of in Statement of ed with the I	terest (se Position NLRB and	e 6b below) and form (Form NL d should not be	i a certifica: RB-505); an served on t	te of service showing s d (3) Description of Re he employer or any otl	service on presentation her party.	
 PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labor 	ioner desire	s to be certified a	as represer I under its	ntative of t proper at	he employee uthority pur	s. The Pe suant to S	titioner alleges Section 9 of the	that the foll National La	owing circumstances of bor Relations Act.	ollective exist and	
2a. Name of Employer:			2b. Addr	ess(es) of	Establishme	nt(s) invol	ved (Street and I	number, City	, State, ZIP code):		
WIS International			6414	6414 Bay Parkway #2 Brooklyn NY 11204							
3a. Employer Representative - Nan	ne and Title		3b. Addr	ess (if sam	ne as 2b - sta	te same):					
Jim Ross - President/CEC	Sky Par	k Court	Suite 1	00 San Dieg	30 CA 92	123					
3c. Tel. No. 858-565-8111	3d. Cell No 718-51	3-0387	3e. Fax No 858 - 49			3f. E-Mail A	ddress				
4a. Type of Establishment (Factory, I	mine, whole	saler, etc.)	1	4b. Princip	al Product o	Service		5a. City an	d State where unit is loc	ated:	
Inventory and data collect	tion		İ	Invento	ory count	ing ser	vices	within th	e 5 boroughs of New	York	
5b. Description of Unit Involved:								6a. Numbe	or of Employees in Unit:		
All full time and regular p	art-time	inventory a	ssociate	e, coun	ter, drive	r and le	ead personn	100			
Excluded: All office personnel, supe	rvisors	managers a	nd onar	ds as de	fined the	act		of the e	ubstantial number (30% imployees in the unit wis	h to be	
Check One: 🗓 7a. Request for rec							8/2019 and		nted by the Petitioner?	x Yes No	
on or about (Date)	no r	eply (lfr	o reply rec	ceived, so	state).			- Limployer (odined recognition		
7b. Petitioner is cur						ertification	under the Act.				
8a. Name of Recognized or Certifie	d Bargaini	ng Agent (If non	e, so state,		idress:						
n/a				n/a							
8c. Tel. No.	8d. Cell No).	1	Be. Fax No).		8f. E-Mail A	ddress			
n/a	n/a			n/a			n/a			L.3	
8g. Affiliation, if any:			8h.	Date of R	ecognition or	Certificat			rrent or Most	13	
n/a			n/	a			Recent Con	tract, if any	Month, Day, Year) _n/	a co	
9. Is there now a strike or picketing a	t the Employ	yer's establishme	nt(s) involv	ved? No	.₩ If s	o, approx	imately how man	y employees	are participating? -	-n/a	
(Name of Labor Organization)			n/a				, has picketed	the Employe	er since (Month, Day, Ye		
10. Organizations or individuals other			amed in ite				recognition as re	presentative		TE CO	
individuals known to have a repre	sentative in	terest in any emp	pioyees in t	ne unit ge	scribed in ite	m od abo	ve. (II none, so s	iate)	5	:	
n/a		10h Address					I 40- T-I No		404 001111		
10a. Name		10b. Address					10c. Tel. No n/a		10d. Cell No.	<i>∴ ∴</i>	
n/a		n/a					10e. Fax No		10f. E-Mail Address	(
							n/a	.	n/a		
11. Election Details: If the NLRB cor	nducts and	election in this m	atter, state	vour posit	ion with resp	ect to any		11a. Election			
				,		,			Mail Mixed	Manual/Mail	
11b. Election Date(s):		11c. Election Tir	ne(s):				11d. Electio				
09/13/2019		n/a					mail bal	lot			
12a. Full Name of Petitioner (includ	ing local na	me and number):			12b. Addres	s (street a	and number, city,	State and Z	IP code):		
warehouse production sale	es local	811 AFL-C	O		534 3rd	Avenu	e Brooklyn	NY 112	15		
12c. Full name of national or internati	onal labor o	rganization of wh	nich Petition	ner is an a	ffiliate or con	stituent (ii	f none, so state):				
International Union of All											
12d. Tel. No.	12e. Cell N	0.		12f. Fax N	0.		12g. E-Mail	Address	,		
718-333-5476	n/a		1	718-33	3-5482		kevinme	rced811	@gmail.com	i	
13. Representative of the Petitione	r who will a	ccept service o					tation proceedi	ng.			
13a. Name and Title:				, city, State and I	ZIP code):						
Kevin Merced - President				534 3rd	Avenue E	rookly	lyn NY 11215				
13c. Tel. No.	13d. Cell N	0.		13e. Fax N			13f. E-Mail				
718-333-5476	n/a		['	718-333-5482			kevinmerced811@gmail.com				
I declare that I have read the above	petition a			true to th	e best of m	knowled					
Name (Print)		Signatur		/	// .	\vee	Title		-	Date	
Kevin Merced		1	-	\cdot \subset		f	President			08/28/19	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS SPACE							
Case No.	29-RC-247635	Date Filed 9/5/2019						

	RC PETITION									Duit !	9/5/2019
INSTRUCTIONS: Unless e-Filed of employer concerned is located. It the employer and all other partie Case Procedures (Form NLRB 48	The petition mu s named in the	st be accomp petition of: (1)	anied by) the pet	both a st ition; (2) S	nowing of interest (s Statement of Positio	see 6b l	below) an (Form NL	d a certifica: RB-505); an	te of service sho d (3) Description	owing :	service on epresentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desires to	be certified as	represer	ntative of the	he employees. The P	Petition	er alleges	that the foll	owing circumst	ances	
2a. Name of Employer:					Establishment(s) invo	olved (S	Street and	number, City	State, ZIP code):	
Five Star Carting, Inc.				umboldt yn, NY 1							
3a. Employer Representative - Na Anthony Tristani	me and Title:		58-35	ess (if sam 47th Str eth, NY 1		e):					
3c. Tel. No. (718) 349-7555	3d. Cell No.			3e. Fax No	Fax No. 3f. E-I			Address			
4a. Type of Establishment (Factory,	mine, wholesale	r, etc.)		4b. Princip	al Product or Service	9		5a. City an	d State where ur	nit is lo	cated:
Waste Management				Waste M	lanagement Servi	ices		Brooklyn	, NY		
5b. Description of Unit Involved: Included: All full-time and part-time emp Excluded:	loyees						130-15	ubstantial numbe	r (30%		
Clerical and professional emp	loyees, guard	ls, superviso	ors						mployees in the ented by the Petit		
Check One: 7a. Request for re							an		declined recogniti		
on or about (Date) 7b. Petitioner is cu				ceived, so sentative a	state). and desires certification	on unde	r the Act				
8a. Name of Recognized or Certifi LIFE Local 890) 8b. Ac				09			
8c. Tel. No.	8d. Cell No.			8e. Fax No).	8	f. E-Mail A	Address			
(718) 238-2399											
8g. Affiliation, if any:			8h.	Date of R	ecognition or Certifica				rrent or Most (Month, Day, Yea	ar) 5.	/1/2020
9. Is there now a strike or picketing a	at the Employer's	establishment	t(s) involv	ved? No	If so, appro	oximatel	y how ma	ny employee	s are participating	g?	
(Name of Labor Organization)						, ha	s picketed	the Employ	er since (Month, i	Day, Y	ear)
 Organizations or individuals other individuals known to have a representation. 									es and other orga	inizatio	ns and
10a. Name	108	o. Address				1	10c. Tel. No.		10d. Cell No.		
						1	0e. Fax N	0.	10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co	onducts and elec	tion in this mat	ter, state	your posit	ion with respect to an	ny such	election:	11a. Élection] Mixe	d Manual/Mail
11b. Election Date(s): Any weekday (M-F)		Election Time M-12PM	e(s):				1d. Election	on Location(s):		
12a. Full Name of Petitioner (include Waste Material, Recycling, a 108			aborers	' Local	12b. Address (street 121 E 24 Street New York, NY	t	umber, city, State and ZIP code):				
12c. Full name of national or internat	100 march 100 ma			ner is an a	ffiliate or constituent	(if none	, so state)	:			
Laborers' International Union of		ica, AFL-CIC									
12d. Tel. No. (212) 925-9634	12e. Cell No.		1	12f. Fax No	0.	1	2g. E-Mail	Address			
13. Representative of the Petitione	er who will acce					The same of the sa					
13a. Name and Title:		ss (street and number		State and	ZIP code):						
Tamir Rosenblum, Esq., Ger Mason Tenders District Cou		Avenue, Suite 65 rk, NY 10018	000								
13c. Tel. No.	-	13e. Fax N		13f. E-Mail Address							
(212) 452-9451	13d. Cell No.					trosenblum@masontenders.org					
I declare that I have read the above	e petition and the	nat the statem	ents are	true to th	e best of my knowle	edge ar	nd belief.				
Name (Print)		Signature			- 14.1	Title					Date
Tamir Rosenblum		11/~			IKS	Gen	eral Cou	nsel			9/4/2019

1145

General Counsel

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 29-RC-247654

DO NOT WRITE IN THIS SPACE

RC-247654

Date Filed
9/5/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

the employer and all other partie Case Procedures (Form NLRB 48											
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	itioner desires	s to be certified a	as repres	entative of t	he employees. The I	Petitioner	alleges t	that the foll	owing circumstance		
2a. Name of Employer:					Establishment(s) inv		eet and n	umber, City	, State, ZIP code):		
Crown Waste Corp.			299 (Garden St	reet, Westbury,	, NY					
3a. Employer Representative - Na	me and Title:				ne as 2b - state same	ne):					
Chris Antonacci				inview Ro page, NY							
3c. Tel. No. (516) 827-5060	3d. Çell No		•	3e. Fax No	o.	3f.	3f. E-Mail Address				
4a. Type of Establishment (Factory, Waste Management	mine, wholes	saler, etc.)			al Product or Servic Management Serv			5a. City an Westbur	nd State where unit is y, NY	located:	
5b. Description of Unit Involved:								6a. Numbe	er of Employees in Ur	it:	
Included: All full-time and part-time emp	lovees							10			
Excluded:	noyees							6b. Do a s	ubstantial number (30	% or more)	
Clerical and professional emp	oloyees, gu	ards, supervis	sors					of the e	employees in the unit	wish to be	
Check One: 7a. Request for re							and		declined recognition	I A Tes LINE	
on or about (Date) 7b. Petitioner is cu				eceived, so		tion under	the Act				
8a. Name of Recognized or Certifi	, ,	0			dress:	tion under	tile Act.				
USWU Local 339 (IUJAT)			50 Queens Bou wood, NY 1143								
8c. Tel. No.	8d. Cell No			8e. Fax No).	8f.	E-Mail A	ddress			
(718) 658-4848											
8g. Affiliation, if any:			8	h. Date of R	ecognition or Certific				urrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	at the Employ	er's establishme	nt(s) inve	olved? No	If so, appre	roximately i	how man	y employee	s are participating?		
(Name of Labor Organization)						, has	picketed	the Employ	er since (Month, Day,	Year)	
Organizations or individuals other individuals known to have a representation									es and other organiza	tions and	
10a. Name		10b. Address				1100	c. Tel. No		10d. Cell No.		
1.230 1.300.0								Tod. Cell No.			
						106	e. Fax No	N.	10f. E-Mail Address		
11. Election Details: If the NLRB co	onducts and e	election in this ma	atter, sta	te your posit	ion with respect to a	any such el	lection:	11a. Election	п Туре:		
								× Manua		ked Manual/Mail	
11b. Election Date(s):		11c. Election Tir						n Location(s			
Any weekday	dina tanal nas	Weekday 4Al			10h Address (street				Westbury, NY		
12a. Full Name of Petitioner (include Waste Material, Recycling, a 108				rs' Local	12b. Address (stree 121 E 24 Stree New York, NY	et	nber, city,	State and 2	IP code):	=	
12c. Full name of national or internat Laborers' International Union of				ioner is an a	ffiliate or constituent	t (if none, s	so state):				
12d. Tel. No. (212) 925-9634	12e. Cell No	0.		12f. Fax N	0.	120	g. E-Mail	Address			
13. Representative of the Petitione	r who will a	ccept service o	f all pap			AL CANADA		_			
13a. Name and Title:	noral Cour			0.000	ss (street and numb		tate and Z	ZIP code):			
Tamir Rosenblum, Esq., Ger Mason Tenders District Cou			rk	520 8th Avenue, Suite 650 New York, NY 10018							
13c. Tel. No.	13d. Cell No			13e. Fax N		13f	. E-Mail A	Address			
(212) 452-9451						trosenblum@masontenders.org					
I declare that I have read the above	e petition an	d that the state	ments a	re true to th	e best of my know						
Name (Print)		Signature	-	M	K)	Title	nol Cour	and .		Date D(4/2010	
Tamir Rosenblum		10		11/	1/29	Gener	ral Cour	isei		9/4/2019	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS SPACE								
Case No.	29-RC-247891	Date Filed 9/10/2019							

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition mus named in the p	t be accompletition of: (1)	anied by	y both a sh tition; (2) S	owing of interest (see tatement of Position	e 6b below) ai form (Form N	nd a certificat LRB-505); an	te of service showing set d (3) Description of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to	be certified as	represe	ntative of th	e employees. The Pet	itioner allege	s that the foll	owing circumstances e		
2a. Name of Employer: Staten Island University F	lospital			ress(es) of B Addendur	Establishment(s) involvm A.	ed (Street and	number, City	, State, ZIP code):		
3a. Employer Representative - Nan Antoinette Henderson Manager, Labor & Emplo	1	State	1 Island	e as 2b - state same): University Hosp NY 10305	oital, 475 S	Seaview A	venue, 2nd Floor			
3c. Tel. No. (718) 226-8376	3d. Cell No.			3e. Fax No. (718) 23	26-8324	3f. E-Mail		orthwell.edu		
4a. Type of Establishment (Factory, Inhospital	mine, wholesale	r, etc.)		, ,	al Product or Service	Tantile.	-	d State where unit is loca	ated:	
5b. Description of Unit Involved: Included: See Addendum A.							6a. Number 70	er of Employees in Unit:		
Excluded: See Addendum A.							of the e	ubstantial number (30% or employees in the unit wis ented by the Petitioner?	n to be	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.										
8a. Name of Recognized or Certifie										
none										
8c. Tel. No.	8d. Cell No.	8d. Cell No. 8e. Fax No.								
8g. Affiliation, if any:					ecognition or Certificat			urrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Employer's	establishmen	nt(s) invo	olved? No	If so, approx	imately how m	any employee	s are participating?		
(Name of Labor Organization)	11 - D - 1W			01	O which have delead			er since (Month, Day, Ye	-	
 Organizations or individuals othe individuals known to have a repre none 								es and other organization	is and	
10a. Name	108	. Address				10c. Tel.	No.	10d. Cell No.		
						10e. Fax	10e. Fax No. 10f. E-			
11. Election Details: If the NLRB co	nducts and elec	tion in this ma	tter, stat	e your posit	ion with respect to any	such election	11a. Electio		Manual/Mail	
11b. Election Date(s):	110	. Election Tim	ne(s):				tion Location(s):	Walland	
October 1, 2 or 3, 2019		e Addend	um A				dendum			
12a. Full Name of Petitioner (include New York State Nurses A	ssociation					Street, 4th	Floor, N	ew York, New Yo	ork 10001	
12c. Full name of national or internat none	ional labor orga	nization of whi	ich Petit	ioner is an a	iffiliate or constituent (if none, so stat	e):			
12d. Tel. No. 212-785-0157	12e. Çell No.			12f. Fax N			ail Address			
13. Representative of the Petitione 13a. Name and Title:	r who will acce	pt service of	all pap	ers for purp	ooses of the represer	ntation procee	ding.			
Kate M. Swearengen, attorne		Cohen,	Weiss and Simon	LLP	ity, State and ZIP code): LP 00 New York, New York 10022					
13c. Tel. No. 212-356-0272	13d. Cell No.			13e. Fax No. 646-473-8272			13f. E-Mail Address kswearengen@cwsny.com			
I declare that I have read the above	e petition and t	T		re true to th	ne best of my knowle		f.		Date	
Name (Print) Kate M. Swearengen		Signature	t de	m		Title attorney				

Addendum A

2b. Address(es) of Establishment(s) involved (Street and number, City, State, Zip code):

- 242 Mason Avenue, Staten Island, NY 10305
- 242 C Mason Avenue, Staten Island, NY 10305
- 256 Mason Avenue, Staten Island, NY 10305
- 475 Seaview Avenue, Staten Island, NY 10305
- 78 Meitner Avenue, Staten Island, NY 10305
- 465 New Dorp Lane, Staten Island, NY 10306

5b. Description of Unit Involved:

Included: All Nurse Practitioners performing patient care duties, residual to the existing unit of Registered Nurses described in the scope clause of the collective bargaining agreement between the Union and the Employer.

Excluded: Flex Nurse Practitioners, Nurse Practitioners employed in the Employer's Employee Health Department, and statutory supervisors.

11c. Election Time(s):

Three shifts, at 5:30 a.m.-8:30 a.m., 12:00 p.m.-2:00 p.m., and 5:00 p.m.-8:00 p.m.

11d. Election Location(s):

Regina M. McGinn Education Center, 475 Seaview Avenue, Staten Island, NY 10305

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No.

DO NOT WRITE IN THIS SPACE

29-RC-248154 9/13/19 RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): YogaWorks 5780 Uplander Way, Culver City, CA, 90230 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Carla J. Gatza, SVP People and Culture Same 3c. Tel. No. 3d, Cell No 3e. Fax No. 3f. E-Mail Address (424) 207-2104 Unknown Unknown carlag@yogaworks.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Yoga Studio Yoga Instruction Brooklyn, New York 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 100 All regularly-scheduled teachers and teacher instructors 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes All supervisors, office clerical, professionals, and guards as defined in the Act Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition No reply (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Manual X Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Ballots mailed October 3, 2019 N/A N/A 12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace 12b. Address (street and number, city, State and ZIP code) 652 Fourth Avenue, Brooklyn, NY 11232 Workers, District Lodge 15, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO 12d Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (646) 902-5720 (646) 926-2910 (646) 245-2009 ddimaria@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 26 Court St, Ste 1710, Brooklyn, NY 11242 Nicholas A. Scotto, Special Representative 13c. Tel. No. (929) 226-1724 13d. Cell No. 13e. Fax No. 13f, E-Mail Address (631) 219-4116 (646) 902-5720 nscotto@iamaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Nicholas A. Scotto Special Representative 9/12/2019

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Do NOT WRITE IN THIS SPACE

Case No. 29-RC-248552 Date Filed 9/20/2019

RC PETITION

in which the employer concern				, ,			,			
of service showing service on										
(Form NLRB-505); and (3) Des					.RB 4812). The sl	howing of int	erest should only be filed			
with the NLRB and should not										
PURPOSE OF THIS PETITION: Ro bargaining by Petitioner and Petition requests that the National Labor	ner desires to	be certified as repre	esentati	ve of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and			
2a. Name of Employer			2b. Ac	ddress(es) of Establishmen	nt(s) involved (Street a	and number, city				
Platinum Amenity Services LT			146 S	South 4th Street, Bro						
3a. Employer Representative – Name Joel Berkovic	e and Title			3b. Address (If same as	,	9				
3c. Tel. No.	3d. Ce	II No.		3e. Fax No.	70 60th Street, Brooklyn, NY 11219 Fax No. 3f. E-Mail Address					
212-235-5474	54.55		212-235-5475			ilityservice.com				
4a. Type of Establishment (Factory, mi	ine, wholesale			duct or service			and State where unit is located:			
Residential building		Building	servi	ces		Brookly	n, NY 11211			
5b. Description of Unit Involved							6a. No. of Employees in Unit: 8			
Included: All building ser	vice wor	kers					6b. Do a substantial number (30%			
Statutory guard	ls and si	upervisors					or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No			
Check One: 7a. Request	for recognition	as Bargaining Rep	resenta	tive was made on (Date)	an	d Employer dec	lined recognition on or about			
H		(Date) (If no reply				. ,				
				epresentative and desires	certification under the	Act.				
8a. Name of Recognized or Certified None	Bargaining A	Agent (If none, so s	state).	8b. Address						
8c. Tel No.	8d Cell	No.		8e. Fax No.		8f. E-Mail Add	ress			
8g. Affiliation, if any				8h. Date of Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)			
9. Is there now a strike or picketing at t	he Employer's	establishment(s) in	volveď	? NO If so, approx	imately how many en	nployees are pa	rticipating?			
(Name of labor organization)				eted the Employer since (I						
Organizations or individuals other the known to have a representative interest None						resentatives and	other organizations and individuals			
10a. Name		10b. Address			10c. Tel. No.		10d. Cell No.			
					10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB cond any such election.	ducts an electi	on in this matter, st	ate you	r position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): Nearest Monday		11c. Election Time 2:30pm-3:30pm	e(s):		11d. Election Locat Employee break-ro					
12a. Full Name of Petitioner (includin SEIU LOCAL 32BJ	ng local name	and number)			12b. Address (stree 25 West 18th Stree		city, state, and ZIP code) Y. 10011			
12c. Full name of national or internation SEIU LOCAL 32BJ	nal labor organ	nization of which Pe	titioner	is an affiliate or constituen	t (if none, so state)					
12d. Tel No. 212 388-3800	12e. Ce	ll No.		12f. Fax No.		12g. E-Mail Ad	dress			
13. Representative of the Petitioner v	vho will acce	pt service of all pa	pers fo	or purposes of the repres	entation proceeding					
13a. Name and Title Katchen L	ocke, A	Attorney		13b. Address (street and 25 W. 18th Street, New York		and ZIP code)				
13c. Tel No. 212 539 2941	13d. Ce	ll No.		13e. Fax No.		13f. E-Mail Address Klocke@seiu32bj.org				
I declare that I have read the above p	etition and th	nat the statements	are tru	e to the best of my know	ledge and belief.					
Name (Print) Katchen Locke	Signature			Title		Date				
						_				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE									
Case No. 29-RC-249038	Date Filed 9-30-19								

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition n named in th	ust be acco	mpanied l	y both a si etition; (2) \$	howing of interest (se Statement of Position	ee 6b below n form (Form	n NLR	a certifica (B-505); an	te of service showing d (3) Description of	ng service on Representation		
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner requests that the National Laboratory	oner desires	to be certified	d as repres	entative of t	he employees. The Pe	etitioner alle	eges t	hat the foll	owing circumstanc			
2a. Name of Employer:			2b. Ad	dress(es) of	Establishment(s) invo	lved (Street	and n	umber, City	, State, ZIP code):			
Maker Stables, LLC			Beln	nont Parl	k - 2150 Hemps	stead Tpk	ce. E	Imont N	Y 11003			
3a. Employer Representative - Nam	ne and Title:		3b. Ad	. Address (if same as 2b - state same):								
Mark Maker - Employer			1200	200 Envoy Circle #1204 Louisville Kentucky 40299								
3c. Tel. No.	3d. Cell No.		-	3e. Fax N	0.	3f. E-N	Mail Ac	ddress				
(502)548-4280	(516)770	0-0606				info	(a),m	ikemake	er.com			
4a. Type of Establishment (Factory, I	nine, wholes	aler, etc.)			pal Product or Service			5a. City ar	d State where unit is	located:		
Horse Racing Stable				Horse	Racing			Elmont,	NY			
5b. Description of Unit Involved: Included:		0	1 77	337 11				6a. Number	er of Employees in U	nit:		
All full time and regular p								6b. Do a s	ubstantial number (3			
All Supervisors, Guards a						10/10		represe	ented by the Petitione			
Check One: X 7a. Request for reconnection on or about (Date)	ognition as B			received, so		19/19	and.	Employer	declined recognition			
☐ 7b. Petitioner is cur	rently recogn					n under the	Act.					
8a. Name of Recognized or Certifie	ed Bargainin	g Agent (If n	one, so sta	te) 8b. Ad	ddress:							
8c. Tel. No.	8d. Cell No.			8e. Fax N	0.	8f. E-N	Mail Ad	idress				
8g. Affiliation, if any:				h. Date of R	Recognition or Certifica				urrent or Most (Month, Day, Year)			
Is there now a strike or picketing a (Name of Labor Organization)	t the Employe	er's establish	ment(s) inv	olved? No	If so, approx				s are participating? er since (Month, Day	Vone		
	then Detition	accord those	named in	itama 0 and	O which have eleimed							
 Organizations or individuals othe individuals known to have a representation. 									es and other organiza	auons and		
10a. Name		10b. Address				10c. Te	10c. Tel. No.		10d. Cell No.			
						10e. Fa	ax No.		10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and e	lection in this	matter, sta	te your posi	tion with respect to any	y such electi		1a. Election X Manua		xed Manual/Mail		
11b. Election Date(s):		11c. Election						Location(s				
October 7 or 14, 2019		8:30am-9	:30am						ce - Barn 59			
12a. Full Name of Petitioner (includ Local 1922 IBEW, AFL-0		e and numbe	er):		12b. Address (street 1065 Old Cour					11590		
12c. Full name of national or international Brotherhood					Affiliate or constituent (if none, so s	tate):					
12d. Tel. No.	12e. Cell No		icis, Al	12f. Fax N	0	120 F	-Mail 4	Address				
(516)334-4140	(516)315	5-6017		(516)33	34-3019	ibew	192	2@gma	il.com			
13. Representative of the Petitioner 13a. Name and Title:	who will ac	cept service	of all pap									
Patrick J. McCabe - Busines:	s Manager			Same as	ess (street and number S Above	r, city, State	and Z	IP code):				
13c. Tel. No.	13d. Cell No.		13e. Fax No. 13f. E-				3f. E-Mail Address					
(516)334-4140					ibew1922@gmail.com							
	(516)315		tements.a	(310)334-3019 hare true to the best of my knowledge								
Name (Print)	,	Signatu			z, mienie	Title				Date		
Patrick J. McCabe	/VV		ا ا	Busines	s M	anager		9/20/2019				

WILLFUL FALSE STATEMENTS ON THIS PET TION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN TH	IS SPACE
Case No.	29-RC-248957	Date Filed 9/27/19

7.												2, 2, , 12	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	s named in	the peti	e accompanition of: (1) t	he ne	y both a si tition: (2) !	howing of Interest (s	ee 6t	below) an	nd a certifica	te of service s	howing	service on	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner states that the National Laboratory	RC-CERTIF	ICATIO	N OF REPRE	ESEN'	TATIVE - A	substantial number of	of emp	ployees wis	h to be repre	sented for purp	oses of	collective	
2a. Name of Employer:													_
uovo			C	b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Queens Plaza 41-54 22nd St. Long Island City, NY 11101; 33 KINGS HWY Orangeburg, NY 10962; 100 BRADLEY PKWY Blauvelt, NY 10913									
3a. Employer Representative - Nar	me and Title	1:	35	. Add	ress (if san	ne as 2b - state same,):						_
Caroline Page-Katz, C	00			Que	ens Pla	aza 41-54 22r	nd S	St., Long	g Island	City, NY 1	1101		
3c. Tel. No. 212-265-3111	3d. Cell No			3e. Fax N	0.		3f. E-Mail info@uo						
4a. Type of Establishment (Factory,		saler, et	(c.)		4b. Princip	oal Product or Service	,		5a. City ar	nd State where	unit is lo	cated:	
Art Storage and Trucking Comp	oany				Art Stora	age, Transport and	Insta	allation	various,	NY			
5b. Description of Unit Involved:									6a. Numb	er of Employees	in Unit		
Included:									39				
all full-time and regular art hand	liers, truck	drivers	, dock rece	ivers					39				
Excluded: managers, supervisors, accoun										ubstantial numb employees in the ented by the Pe	e unit w	ish to be	No
Check One: 7a. Request for rec	cognition as	Bargaini	ing Represer	ntative	was made	on (Date) 9/2	5/20	19 ar		declined recogn			
on or about (Date) 7b. Petitioner is cu		2019	(If no re	eply re	ceived, so	state).							
8a. Name of Recognized or Certific	ed Bargaini	na Ager	nt (If none e	o state	sentative a		on und	der the Act.					_
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8b. Address:													
8c. Tel. No.	8d. Cell No).			8e. Fax No	0.		8f. E-Mail	Address				_
8g. Affiliation, if any:				8h	. Date of R	ecognition or Certifica	ation			urrent or Most (Month, Day, Yo	ear)		_
9. Is there now a strike or picketing a	t the Employ	yer's est	ablishment(s) invol	ved? No	If so, approx	ximat	ely how ma	ny employee	s are participati	na?		_
(Name of Labor Organization)					-110					er since (Month	_	(one)	_
10. Organizations or individuals other	r than Petitio	ner and	those name	d in ite	me g and	Q which have elaimed							_
individuals known to have a repre	esentative in	terest in	any employe	ees in	the unit de	scribed in item 5b abo	ove. (If none, so	state)	es and other org	anizatio	ons and	
None							,		,				
10a. Name		10b. Ad	dress					10c. Tel. N	lo.	10d. Cell No.			_
								100. 101.11		Tod. Cell No.			
							- 1	10e. Fax N		10f. E-Mail Ad	dress		
11. Election Details: If the NLRB co	nducts and	election	in this matter	, state	your posit	tion with respect to an	y suc	h election:	11a. Electio	n Type:			_
									✓ Manua	I Mail	Mixe	d Manual/Mail	
11b. Election Date(s):		11c. Ele	ection Time(s	s):				11d. Election	on Location(s				
ASAP		TBD					- 1	TBD					
12a. Full Name of Petitioner (include	ling local nai	me and i	number):			12b. Address (street	and i	number, city	y, State and 2	ZIP code):			\neg
Local Union No. 814 Van Driver	s, Packers	and Fu	urniture Har	ndlers	3,	195 Montague							
Warehousemen's and Appliance	e Delivery	Union				3rd Floor, Bro	okly	n NY 1	1201				
12c. Full name of national or internati International Brotherhood of Tea	ional labor o amsters	rganizat	ion of which	Petitio	ner is an a	ffiliate or constituent ((if non	ne, so state)):				
12d. Tel. No.	12e. Cell N	0.			12f. Fax N		П	12g. E-Mai	I Address				\neg
718-609-6407					718-709-								
 Representative of the Petitione Name and Title: 	ervice of all												
Joseph J. Vitale, Counsel							_		State and ZIP code): LLP, 900 3rd Ave., Ste. 2100, NY, NY 10022				2
13c. Tel. No.	13d. Cell N	0.		-	13e. Fax No. 13f. E			13f. E-Mail Address					
212-356-0238				- 1					itale@cwsny.com				
I declare that I have read the above	petition ar	nd that t	he statemen				/ knowledge and belief.						
Name (Print)			Signature	100			Title					Date, /	\dashv
Joseph J. Vitale			1) orejo					Title Counsel Date 1/25/(9					٩

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-248960 Date Filed 9/27/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective									
bargaining by Petitioner and Petitioner	desires to be certif	ied as representati	ive of the e	mployees. The	Petitioner alleges t	hat the fol	llowing	circumstances exist and	
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)									
Platinum Amenity Services LTD	North 10	rth 10 Street, Brooklyn, NY, 11211							
3a, Employer Representative – Name and Title Joe! Berkovic				3b. Address (If same as 2b – state same) 1370 60th Street, Brooklyn, NY, 11211					
3c. Tel. No. 3d. Cell No. 212-235-5474			3e. Fax No. 212-235-5475			3f. E-Mail Address JB@pbsfacilityservice.com			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building Building serv			oduct or service rices				5a. City and State where unit is located: Brooklyn, NY 11211		
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: All building service workers							7	6b. Do a substantial number (30%	
Statutory guards and supervisors							or more) of the employees in the unit wish to be represented by the Petitioner? Yes No		
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about									
(Date) (If no reply received, so state).									
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.									
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address									
8c. Tel No.	8d Cell No.			8e. Fax No.			8f. E-Mail Address		
8g. Affiliation, if any			8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?									
(Name of labor organization), has picketed the Employer since (Month, Day, Year)									
10. Organizations or individuals other than Potitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None									
10a. Name 10b. Add		iress			10c. Tel. No.			10d. Cell No.	
				10e. Fax No.			10f. E-Mail Address		
 Election Details: If the NLRB conducts an election in this matter, state your any such election. 				with respect to	11a. Election Type		nual	Mail Mixed Manual/Mail	
11b. Election Date(s): 11c. Election Time(s): Nearest Monday 2:30pm-3:30pm				11d. Election Location(s): Employee break-room					
12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ				12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011					
12c. Full name of national or international I SEIU LOCAL 32BJ		of which Petitioner			t (if none, so state)				
12d. Tel No. 12e. Cell No. 212 388-3800			12f. Fax No. 12g. E-Mail A			lail Addr	ess		
13. Representative of the Petitioner who			or purpose	es of the repres	entation proceeding	g.			
13a. Name and Title Katchen Locke, Attorney			13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011						
13c. Tel No. 13d. Cell No. 212 539 2941		13e. Fax No.		13f. E-Mail Address Klocke@seiu32bj.org					
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.									
Name (Print) Katchen Locke Signature		Title Attorney		Date 9/25/19					

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.