

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-257409

Date Filed

3/4/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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  
J. Pizzirusso Landscaping Corporation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
2269 E. 69th Street, Brooklyn, NY 11234

3a. Employer Representative - Name and Title  
Joseph Pizzirusso, Vice President

3b. Address (If same as 2b - state same)  
Same

3c. Tel. No.  
718-531-6084

3d. Cell No.  
917-418-7301

3e. Fax No.  
718-531-6677

3f. E-Mail Address  
joseph@thejplcorp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Contracting

4b. Principal product or service  
Tree planting

5a. City and State where unit is located:  
Brooklyn, NY

5b. Description of Unit Involved

Included: All gardeners, growers, landscapers, landscape laborers transporters, tree pruners, tree removers, pipe installers & connectors, tree sprayers, turf installers, and groundsmen.

Excluded: All office clerical employees, professional employees, guards, and supervisors defined under the Act.

6a. No. of Employees in Unit:  
14

6b. Do a substantial number (30% 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) 3/3/2020 and Employer declined recognition on or about 3/3/2020 (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).  
United Plant and Production Workers Local 175

8b. Address  
99 Mineola Ave, Roslyn Heights, NY 11577-1269

8c. Tel No.  
(516) 487-3110

8d. Cell No.

8e. Fax No.  
(516) 487-3144

8f. E-Mail Address  
mzunno@localunion175.com

8g. Affiliation, if any

International Association of Machinists

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
June 30, 2019

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 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)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
March 24, 2020

11c. Election Time(s):  
3:30-5:15

11d. Election Location(s):  
Employers Facility

12a. Full Name of Petitioner (including local name and number)  
Laborers Local 731

12b. Address (street and number, city, state, and ZIP code)  
3411 35th Avenue, Astoria, NY 11106

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Laborers International Union of North America

12d. Tel No.  
718-706-0720

12e. Cell No.  
845-820-3010

12f. Fax No.  
718-706-9337

12g. E-Mail Address  
sdamato@nyslof.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Robert M. Cheverie, Attorney

13b. Address (street and number, city, state, and ZIP code)  
333 East River Drive, Suite 101, East Hartford, CT 06108

13c. Tel No.  
860-290-9610

13d. Cell No.  
860-305-3261

13e. Fax No.  
860-290-9611

13f. E-Mail Address  
rcheverie@cheverielaw.com

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)  
Robert Cheverie

Signature



Title  
Attorney

Date  
3/3/2020

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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-257831</b>	Date Filed <b>3-10-20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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.

<b>2a. Name of Employer</b> Planned Building Services, Inc. and Planned Lifestyle Services, Inc., part of and related to Planned Companies	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 500 Fourth Avenue, Brooklyn, NY 11215
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<b>3a. Employer Representative - Name and Title</b> Robert Francis, President & CEO	<b>3b. Address (If same as 2b - state same)</b> 150 Smith Road, Parsippany, NJ 07050
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<b>3c. Tel. No.</b> 973-739-0080 -- 212.324.9052	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> keith.allone@fsresidential.com -- spa
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Residential Building	<b>4b. Principal product or service</b> Building services	<b>5a. City and State where unit is located:</b> Brooklyn, NY
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All building service workers <b>Excluded:</b> statutory guards and supervisors	<b>6a. No. of Employees in Unit:</b> 6 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> none	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**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 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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> nearest wednesday	<b>11c. Election Time(s):</b> 2:30pm-3:30pm	<b>11d. Election Location(s):</b> 2nd Floor Common Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> SEIU Local 32BJ	<b>12b. Address (street and number, city, state, and ZIP code)</b> 25 West 18th Street, New York, NY 10011
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
SEIU

<b>12d. Tel No.</b> 212 388-3800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Katchen Locke, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> 25 West 18th Street, New York, NY 10011
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<b>13c. Tel No.</b> 212 539 2941	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-388-2062	<b>13f. E-Mail Address</b> klocke@selu32bj.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Katchen Locke	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3-10-20
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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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
29-RC-257999	3/12/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer</b> New Visions Charter High School for the Humanities IV		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 100-00 Beach Channel Drive NY Rockaway Park 11694-	
<b>3a. Employer Representative - Name and Title</b> Joseph Posner		<b>3b. Address</b> (If same as 2b - state same) 205 East 42nd Street NY New York 10017-	
<b>3c. Tel. No.</b> (212) 645-5110	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jposner@newvisions.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Schools		<b>4b. Principal product or service</b> Education	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Rockaway Park, NY	
		<b>6a. No. of Employees in Unit:</b> 40	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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 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)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> March 20, 2020	<b>11c. Election Time(s):</b> 10:00 am to 1:30 pm	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>12a. Full Name of Petitioner (including local name and number)</b> David Eisenstein United Federation of Teachers ("UFT")		<b>12b. Address (street and number, city, state, and ZIP code)</b> 52 Broadway 9th Floor NY New York 10004-	

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
UFT, Local 2, AFT, AFL-CIO

<b>12d. Tel No.</b> (212) 228-3382	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 995-2347	<b>12g. E-Mail Address</b> deisenst@nysutmail.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David Eisenstein Associate Counsel New York State United Teachers		<b>13b. Address (street and number, city, state, and ZIP code)</b> 52 Broadway 9th Floor NY New York 10004-	
<b>13c. Tel No.</b> (212) 228-3382	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (212) 995-2347	<b>13f. E-Mail Address</b> deisent@nysutmail.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> David Eisenstein	<b>Signature</b> David Eisenstein	<b>Title</b> Associate Counsel	<b>Date</b> 03/12/2020 14:28:39
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full-time and regular part-time Teachers, Teaching Assistants, Music Engineers, Counselors (including College and Career Counselors and Therapists), Social Workers, Operations Associates, Operations Assistants, Outreach Coordinators, School Associates, and Restorative Approaches Facilitators employed by the Employer at its facility located at 100-00 Beach Channel Drive, Rockaway Park, New York.

**Employees Excluded**

All managerial employees, supervisory employees and guards as defined by the Act.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-258178

Date Filed

3/19/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.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:  
Children's Law Center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
44 Court Street, 11th Floor  
Brooklyn, NY 11201

3a. Employer Representative - Name and Title:  
Karen Simmons, Executive Director

3b. Address (if same as 2b - state same):  
same

3c. Tel. No.  
(646) 493-5591

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
ksimmons@clcnny.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Non-Profit Organization

4b. Principal Product or Service  
Legal services

5a. City and State where unit is located:  
Brklyn, Qns, Staten Island & Bx, NY

5b. Description of Unit Involved:

Included:  
See attached.

6a. Number of Employees in Unit:  
53

6b. Do a substantial number (30% 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) 03/13/20 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)  
none

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 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:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
4/1/20

11c. Election Time(s):  
1 pm-5pm

11d. Election Location(s)  
See attached.

12a. Full Name of Petitioner (including local name and number):  
UAW Local 2325 - Association of Legal Aid Attorneys (AFL-CIO)

12b. Address (street and number, city, State and ZIP code):  
50 Broadway, Suite 1600  
NY, NY 10004-3817

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
United Auto Workers, AFL-CIO

12d. Tel. No.  
(212) 343-0708

12e. Cell No.

12f. Fax No.  
(212) 343-0966

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:  
Allyson L. Belovin, Attorney

13b. Address (street and number, city, State and ZIP code):  
Levy Ratner, P.C., 80 Eighth Avenue, 8th Floor  
New York, NY 10011

13c. Tel. No.  
(212) 627-8100

13d. Cell No.  
(646) 326-9096

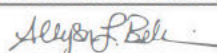
13e. Fax No.  
(212) 627-8182

13f. E-Mail Address  
abelovin@levyratner.com

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)  
Allyson L. Belovin

Signature



Title  
Attorney

Date  
03/13/20

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

## PRIVACY ACT STATEMENT

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### **Attachment**

**5b. Included:** All full-time and regular part-time employees by the Employer including but not limited to, Staff Attorney, Client Services and Data Assistant 3, Client Services and Data Assistant 2, Paid Fellow, Social Worker, Paralegal, Senior Staff Attorney, Writing/Appellate Attorney, Senior Writing/Appellate Attorney, Accounts Payable, and Coordinating Advocate

**Excluded:** Client Services and Data Assistant 1, Co-Borough Director, Manager of Client Services and Operations, Social Worker Manager, Director of Appeals, Paralegal and Volunteer Services, Supervising Attorney, Deputy Director of Operations and Training, Executive Director, Director of Human Resources, Director of Social Work, Coordinator of Digital Initiatives, Executive Assistant, interns, confidential employees, supervisors and managerial employees

**11d.** 10th Fl. Conference Room at 44 Court St. and Conference Room at Bronx Location



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
29-RC-258544

Date Filed  
3/27/2020

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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.**

<b>2a. Name of Employer</b> HOMYN ENTERPRISES, DBA SECURE WRAP		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4050 NW 29TH STREET FL MIAMI 33142-	
<b>3a. Employer Representative - Name and Title</b> NICHOLAS VALDESPINO		<b>3b. Address (If same as 2b - state same)</b> 4050 NW 29TH STREET FL MIAMI 33142-	
<b>3c. Tel. No.</b> (305) 870-9720	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Retail (Specialty)		<b>4b. Principal product or service</b> LUGGAGE WRAPPING	
<b>5a. City and State where unit is located:</b> Jamaica, NY		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 50	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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 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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 4/17/2020
<b>11c. Election Time(s):</b> 0800
<b>11d. Election Location(s):</b> MAIL

**12a. Full Name of Petitioner (including local name and number)**  
COSMO LUBRANO  
AMALGAMATED LOCAL 298

**12b. Address (street and number, city, state, and ZIP code)**  
420 W Merrick rd  
NY valley stream 11580-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
AFL-CIO, INTERNATIONAL UNION OF ALLIED AND PRODUCTION WORKERS

<b>12d. Tel No.</b> (646) 345-6519	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> coslubrano@hotmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Bryan McCarthy Attorney BCM Associates		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1454 Route 22 Suite B101 NY brewster 10509-	
<b>13c. Tel No.</b> (914) 588-4480	<b>13d. Cell No.</b> (914) 588-4480	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> bcm@bcmassociates.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> COSMO LUBRANO	<b>Signature</b> Cosmo Lubrano	<b>Title</b> BUSINESS AGENT	<b>Date</b> 03/27/2020 12:51:21
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**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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-258544	Date Filed 3/27/2020

Employees Included

ALL SECURE WRAP OPERATORS AND LEADS ASIGNED TO JOHN F KENNEDY  
AIRPORT TERMINALS 1,4,5, AND 7.

Employees Excluded

all managers, professional employees and guards as defined by the act



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

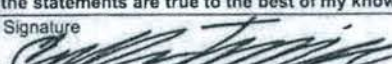
29-RM-257958

Date Filed

3/13/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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.**

<b>2a. Name of Employer/Petitioner:</b> Polmost Food Corp., d/b/a Associated Supermarkets		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 802 Manhattan Avenue Brooklyn, NY 11222	
<b>3a. Employer/Petitioner Representative - Name and Title:</b> Carlos A. Torrejon, Employer's Legal Counsel		<b>3b. Address (if same as 2b - state same):</b> 49 Market Street, Morristown, NJ 07960-5122	
<b>3c. Tel. No.</b> 973-548-3312	<b>3d. Cell No.</b> 973-280-9029	<b>3e. Fax No.</b> 973-992-9125	<b>3f. E-Mail Address</b> Ctorrejon@foxrothschild.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Grocery Store		<b>4b. Principal Product or Service</b> Food and Produce	
<b>5a. Description of Unit Involved:</b> <b>Included:</b> All employees, within covered stores, including porters and front-end personnel <b>Excluded:</b> All guards, maintenance employees, office and clerical employees			<b>5b. City and State where unit is located:</b> Brooklyn, NY
<b>6. Number of Employees in Unit:</b> 34			
<b>Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable</b> <input type="checkbox"/> 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____ <input checked="" type="checkbox"/> 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.			
<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Local 338, Retail, Wholesale and Department Store Union (RWDSU)			<b>8b. Affiliation, if any:</b> RWDSU/UFCW
<b>8c. Address:</b> 1505 Kellum Place Mineola, NY 11501-4811		<b>8d. Tel. No.</b> 516-294-1338	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b> MPaul@local338.org
<b>9. Date of Recognition or Certification</b> Since before 2016		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 09/30/2019	
<b>11. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? 0 (Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A			
<b>12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)</b> N/A			
<b>12a. Name and affiliation if any</b>		<b>12b. Address</b>	<b>12c. Tel. No.</b>
			<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>13b. Election Date(s):</b> March 18, 2020		<b>13c. Election Time(s):</b> 10 am - 1 pm and 3pm - 5 pm	
<b>13d. Election Location(s):</b> Back Room			
<b>14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>14a. Name and Title:</b> Carlos A. Torrejon, Esq. Employer's Legal Counsel		<b>14b. Address (street and number, city, State and ZIP code):</b> 49 Market Street Morristown, NJ 07960-5122	
<b>14c. Tel. No.</b> 973-548-3312	<b>14d. Cell No.</b> 973-280-9029	<b>14e. Fax No.</b> 973-992-9125	<b>14f. E-Mail Address</b> Ctorrejon@foxrothschild.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Carlos A. Torrejon, Esq.		<b>Signature</b> 	<b>Title</b> Legal Counsel
			<b>Date</b> 3/12/20

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

## PRIVACY ACT STATEMENT

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