

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-245903

Date Filed

8-1-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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:
A. Michael Tyler Realty

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
Gate way Condominium

3a. Employer Representative - Name and Title:
J. Cohen

3b. Address (if same as 2b - state same):
821 West Jericho Tpke.
Smithtown, N.Y. 11787

3c. Tel. No.

3d. Cell No.
877 641-5900

3e. Fax No.

877-641-5780

3f. E-Mail Address

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

4b. Principal Product or Service
Maintenance/Concierge Services

5a. City and State where unit is located:
Manhattan, N.Y.

5b. Description of Unit Involved:
Included:

Superintendents, Handyman, Porters, Concierge

Excluded:

All guards, supervisors and office employees as defined in the act.

6a. Number of Employees in Unit:
10

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) _____ No _____ and Employer declined recognition on or about (Date) 7/29/2019 (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 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:
To be determined

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

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):

Local 1032 L.I.F.E.

12b. Address (street and number, city, State and ZIP code):

325 73rd Street
Brooklyn, NY 11209

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

League of International Federated Employees

12d. Tel. No.

718 238-2399

12e. Cell No.

12f. Fax No.

718 680-0842

12g. E-Mail Address

dinachiclana@lifeunion.com

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

13a. Name and Title:

Dina Chiclana

13b. Address (street and number, city, State and ZIP code):

325 73rd Street, Brooklyn, NY 11209

13c. Tel. No.

718 238-2399

13d. Cell No.

13e. Fax No.

718 680-0842

13f. E-Mail Address

dinachiclana@lifeunion.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)

Dina Chiclana

Signature



Title

Delegate

Date

7/29/2019

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 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.

02-RC-246313

Date Filed

8-8-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: JJ Cassone Bakery, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 202 S.Regent Street Port Chester, NY 10573	
3a. Employer Representative - Name and Title: Mary Lou Cassone		3b. Address (if same as 2b - state same): Owner	
3c. Tel. No. 914 939 1568	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Wholesale Bakery		4b. Principal Product or Service Wholesale Bakery	
5a. City and State where unit is located: Port Chester, NY		5b. Description of Unit Involved: Included: All production, packaging, maintenance and sanitation employees. Excluded: Managers and Supervisors as defined by the Act.	
6a. Number of Employees in Unit:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 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. 914 565 5257	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 <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): September 5, 2019		11c. Election Time(s): 8 a.m. to 10 a.m. and 5:00 p.m. to 7:00 p.m.	
11d. Election Location(s): 202 S.Regent St. Port Chester			
12a. Full Name of Petitioner (including local name and number): Port Chester's Workers United Local 700		12b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	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: (b) (6), (b) (7)(C)		13b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)	
13c. Tel. No.	13d. Cell No. 914 565 5257	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
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) (b) (6), (b) (7)(C)		Title Union representative	
Date 8/6/19			

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-246692 Date Filed 8/15/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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
45 Garage LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
413-419 West 45th Street, New York, NY 10036

3a. Employer Representative - Name and Title
Michelle, Management

3b. Address (If same as 2b - state same)
SAME, and 521 West 48th St., Suite 1A, New York, NY 10036

3c. Tel. No.
212-265-0774

3d. Cell No.
646-779-1572

3e. Fax No.

3f. E-Mail Address
admin@45garagellc.com

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

4b. Principal product or service
Parking Cars

5a. City and State where unit is located:
Brooklyn, NY 11218

5b. Description of Unit Involved

Included: All full-time and regular part-time managers, parking attendants and cashiers working at the Employer's parking facility 413-419 West 45th Street, New York, NY 10036

Excluded:
All other employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
8

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) none 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 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):
August 23, 2019

11c. Election Time(s):
6:30am - 7:30am, 4:30 pm - 5:30 pm

11d. Election Location(s):
413-419 West 45th Street, New York, NY 10036

12a. Full Name of Petitioner (including local name and number)
Garage Employees Union Local No. 272 International Brotherhood of Teamsters

12b. Address (street and number, city, state, and ZIP code)
220 East 23rd Street, Room 801, New York, NY 10010

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
See item 12a above

12d. Tel No.
212-726-9726

12e. Cell No.

12f. Fax No.

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
Bruce J. Cooper, Attorney

13b. Address (street and number, city, state, and ZIP code)
Pitta LLP, 120 Broadway, 28th Floor, New York, NY 10271

13c. Tel No.
212-652-3727

13d. Cell No.

13e. Fax No.
212-652-3891

13f. E-Mail Address
bcooper@pittalaw.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)
Bruce J. Cooper

Signature

Title
Attorney

Date
August 15, 2019

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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RECEIVED
AUG 15 2019

BY: _____

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-246863

Date Filed

8-19-19

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 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:
Gateway Condominium

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
2089 Frederick Douglass Blvd., New York, New York 10026

3a. Employer Representative - Name and Title:
Linda R. Carlozzi Esq.
Jackson Lewis Attorneys at Law

3b. Address (if same as 2b - state same):
666-Third Ave, New York, New York 10017-4030

3c. Tel. No.
212-545-4000

3d. Cell No.

3e. Fax No.
212-972-3213

3f. E-Mail Address
Linda.Carlozzi@jacksonlewis.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Residential Apartments

4b. Principal Product or Service
Maintenance/Concierge Services

5a. City and State where unit is located:
Manhattan, New York

5b. Description of Unit Involved:

Included:

Superintendents, Handyman, Porters, Concierge

Excluded:

All Guards, supervisors and office employees as defined in the act

6a. Number of Employees in Unit:
10

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)** 7/29/2019 **and Employer declined recognition**
on or about (Date) no (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? 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):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Local 1032 L.I.F.E.

12b. Address (street and number, city, State and ZIP code):
325 73 street, Brooklyn, New York 11209

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

League of International Federated Employees

12d. Tel. No.
718-238-2399

12e. Cell No.

12f. Fax No.
718-680-0842

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:
Larry Cole Attorney

13b. Address (street and number, city, State and ZIP code):
105 Eisenhower Parkway, Roseland, New Jersey 07068

13c. Tel. No.
973-403-9200

13d. Cell No.

13f. E-Mail Address
lcole@starrgerm.com

I declare that I have read the above petition and

knowledge and belief.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date
8-13-2019

WILLFUL FALSE STATEMENTS ON

AND IMPRISONMENT. (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	02-RC-246999
Date Filed	8.22.2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 ROA OB LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) c/o KGM Theatrical 1501 Broadway #1606, New York, NY 10036	
3a. Employer Representative - Name and Title See Attachment		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 212-500-0989	3d. Cell No.	3e. Fax No.	3f. E-Mail Address See Attachment
4a. Type of Establishment (Factory, mine, wholesaler, etc.) General Manager		4b. Principal product or service Theatrical Productions and Events	
5a. City and State where unit is located: New York City, New York		5b. Description of Unit Involved Included: See attachment Excluded: See attachment	
6a. No. of Employees in Unit: 8		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"/>	

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). 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) _____

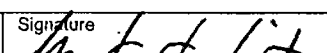
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 9/4/19	11c. Election Time(s): 5:30pm - 6:30pm	11d. Election Location(s): New World Stages: 340 West 50th Street NY, NY 10019	
12a. Full Name of Petitioner (including local name and number) Martha Smith, Secretary/Treasurer Theatrical Wardrobe Union Local 764, I.A.T.S.E		12b. Address (street and number, city, state, and ZIP code) 545 West 45th Street 2nd Fl. New York, NY 10036	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO, CLC

12d. Tel No. 212.957.3500	12e. Cell No. 917.796.6101	12f. Fax No. 212.957.3232	12g. E-Mail Address msmith@ia764.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Martha Smith, Sec/Tres		13b. Address (street and number, city, state, and ZIP code) 545 West 45th Street 2nd Fl. New York, NY 10036	
13c. Tel No. 212.957.3500	13d. Cell No. 917.796.6101	13e. Fax No. 212.957.3232	13f. E-Mail Address msmith@ia764.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) Martha Smith	Signature 	Title Secretary/Treasurer	Date 8/22/19
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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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RECEIVED
NLRB
REGION 2
AUG 22 PM 1:44
NEW YORK, NY

8.22.2019

Daniel Kuney
President
ROA OB LLC
c/o KGM Theatrical 1501 Broadway #1606
New York, NY 10036
212-500-0989
daniel@kgmtheatrical.com

Rob Cassie
Assistant General Manager
ROA OB LLC
c/o KGM Theatrical 1501 Broadway #1606
New York, NY 10036
212-500-0989
rob@kgmtheatrical.com

Zak Jacobs
Company Manager
ROA OB LLC
c/o KGM Theatrical 1501 Broadway #1606
New York, NY 10036
212-500-0989
zak@kgmtheatrical.com

RECEIVED
NLRB
REGION 2
2019 AUG 22 PM 1:44
NEW YORK, NY

8.22.2019

Included: All wardrobe personnel, including dressers, seamstresses, tailors, stitchers, laundry workers, pressers, day workers, those engaged in stocking and restocking costumes, stylists, beaders, dyers, craft workers including all wardrobe personnel performing work in conjunction or connection with shows and all wardrobe personnel who perform the duties commonly performed by a wardrobe employees in the professional theatre, including, but not limited to attending rehearsal and/or fittings when required, being present for pre-sets as required, preparing the cast's costumes and shoes for performances, dressing of performers, performing costume changes, and maintaining the costume design as required.

Excluded: All other employees, guards and supervisors as defined by the National Labor Relations Act.

RECEIVED
NLRB
REGION 2
2019 AUG 22 PM 1:44
NEW YORK, NY

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-247424

Date Filed

8/30/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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

New York Eye and Ear (Mount Sinai)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

310 East 14th Street
NY New York 10003

3a. Employer Representative - Name and Title

Ann Marie Middleton

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

310 East 14th Street
NY New York 10003

3c. Tel. No.

(212) 979-4275

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

Healthcare

4b. Principal product or service

5a. City and State where unit is located:

New York, NY

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

30

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) _____ 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 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):
Wednesdays

11c. Election Time(s):
7am-9am and 3pm-5pm

11d. Election Location(s):
At the employer's facility

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

Michael Pidot
Local One Security Officers' Union

12b. Address (street and number, city, state, and ZIP code)
419 Lafayette Street
NY New York 10003

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

12d. Tel No.

(212) 277-8017

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

(b) (6), (b) (7)(C)

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

13a. Name and Title
Clara Suh Esq. attorney
Hoffmann & Associates

13b. Address (street and number, city, state, and ZIP code)
450 Seventh Avenue, Suite 1400
NY New York 10123

13c. Tel No.

(212) 679-0400

13d. Cell No.

13e. Fax No.

(212) 679-1080

13f. E-Mail Address

clara.suh@hoffmannlegal.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)

Clara Suh Esq.

Signature

Clara Suh

Title

attorney

Date

08/29/2019 17:20:46

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.

DO NOT WRITE IN THIS SPACE

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Attachment

Employees Included

All security officers (full time, part time and per diem)

Employees Excluded

Supervisors and managers