

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RD-238787

Date Filed

4/2/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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> ADM Grain		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, state, ZIP code) 1795 Dock Street, Memphis, TN 38109	
<b>3a. Employer Representative - Name and Title</b> Jordan Daniels		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> (901) 946-2593	<b>3d. Fax No.</b>	<b>3e. Cell No.</b> (901) 229-5796	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Grain Elevator		<b>4b. Principal product or service</b> Grain Supplier	
<b>5a. Description of Unit Involved</b> Included: See Attachment  Excluded: See Attachment			<b>5b. City and State where unit is located:</b> Memphis, TN
<b>6. No. of Employees in Unit</b> 6		<b>7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8a. Name of Recognized or Certified Bargaining Agent</b> Highway and Local Motor Freight Employees, Local 667		<b>8b. Affiliation, if any</b> International Brotherhood of Teamsters	
<b>8c. Address</b> 796 E. Brooks Road, Memphis, TN 38116		<b>8d. Tel. No.</b> (901) 396-5331	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> (901) 396-5338	<b>8g. E-Mail Address</b>
<b>9. Date of Recognition or Certification</b> June 9, 2016		<b>10. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) June 28, 2019	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of</b> (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____			
<b>12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above.</b> (If none, so state)			
<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell 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> April 15, 2019	<b>13c. Election Time(s)</b> 12:00 pm	<b>13d. Election Location(s)</b> ADM Grain Elevator, 1811 Dock Street, Memphis, TN	
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>14a. Address</b> (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b>
		<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b>
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b> (b) (6), (b) (7)(C)		<b>15b. Title</b> (b) (6), (b) (7)(C)	
<b>15c. Address</b> (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		<b>15d. Tel. No.</b> (b) (6), (b) (7)(C)	<b>15e. Fax No.</b>
		<b>15f. Cell No.</b> (b) (6), (b) (7)(C)	<b>15g. E-Mail Address</b>
<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> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 04/01/2019

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.

Attachment

Attachment Referenced in 5a of NLRB Form 502

**Included:**

All Production and Maintenance Employees at the Employer's Terminal Elevator Located at 1811 Dock Street, Memphis, TN 38109.

**Excluded:**

All other employees, all office and clerical workers, grain inspectors, watchmen, students in training for supervisory positions, guards, and supervisors as defined by the Labor Management Act of 1947 as amended.

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

Signature

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

Name

4-1-19

Date

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

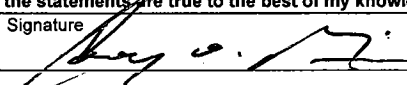
15-RC-239299

Date Filed

April 9, 2019

**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> Mr. Mudbug Catering LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, City, State, ZIP code): 13800 Old Gentilly Rd. New Orleans, La. 70129	
<b>3a. Employer Representative - Name and Title:</b> Clinton Peralta Manager		<b>3b. Address</b> (if same as 2b - state same): 131 23rd Street Kenner, La. 70062	
<b>3c. Tel. No.</b> 504-257-4865	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> catering@mmiculinary.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Cafeteria		<b>4b. Principal Product or Service</b> Catering	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All non-supervisory cafeteria workers <b>Excluded:</b> All other employees, office clerical employees, and supervision as defined by the act		<b>5a. City and State where unit is located:</b> New Orleans, La.	
		<b>6a. Number of Employees in Unit</b> 10	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (if none, so state) None		<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)	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? <u>N/A</u> (Name of Labor Organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year)			
<b>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.</b> (If none, so state) None			
<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>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 4-30-2019		<b>11c. Election Time(s):</b> 9:00am to 11:00am	
		<b>11d. Election Location(s):</b> Bldg. 351 Executive Dining Room	
<b>12a. Full Name of Petitioner</b> (including local name and number): Corey Mims UAW International Representative		<b>12b. Address</b> (street and number, city, State and ZIP code): 1341 West Mockingbird, Suite 301W Dallas, Tx 75247	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state): International Union, United Automobile, Aerospace, & Agricultural Implement Workers of America, UAW			
<b>12d. Tel. No.</b> 716-812-5594	<b>12e. Cell No.</b> 716-812-5594	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> coreymims@gmail.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> Corey Mims UAW Rep		<b>13b. Address</b> (street and number, city, State and ZIP code): 1341 West Mockingbird, Suite 301W Dallas, Tx 75247	
<b>13c. Tel. No.</b> 716-812-5594	<b>13d. Cell No.</b> 716-812-5594	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> coreymims@gmail.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</b> (Print) Corey Mims		<b>Signature</b> 	<b>Title</b> UAW International Representative
		<b>Date</b> 4/9/19	

**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 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.

15-RC-239752

Date Filed

4/16/19

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

<b>2a. Name of Employer:</b> BEAU RIVAGE RESORT AND CASINO		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 875 BEACH BLVD. BILOXI, MS. 39530	
<b>3a. Employer Representative - Name and Title:</b> TRAVIS LUNN, PRES., COO.		<b>3b. Address (if same as 2b - state same):</b> SAME	
<b>3c. Tel. No.</b> 888-567-6667	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ihamilton@chaurivage.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> CASINO		<b>4b. Principal Product or Service</b> ENTERTAINMENT	
<b>5b. Description of Unit Involved:</b> Included: SLOT DEPARTMENT - GUEST SERVICES REPRESENTATIVES Excluded: MANAGEMENT, SUPERVISORY, OR OTHER TABLE GAMES DEALERS		<b>5a. City and State where unit is located:</b> BILOXI, MS.	
		<b>6a. Number of Employees in Unit:</b> 39	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 4-16-19 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.			
<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>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>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>			
<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>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 5-8-19	<b>11c. Election Time(s):</b> 8AM-12PM AND 4PM-8PM	<b>11d. Election Location(s):</b> BEAU RIVAGE TRAINING ROOM A	
<b>12a. Full Name of Petitioner (including local name and number):</b> THE INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE AND AGRICULTURAL IMPLEMENT WORKERS		<b>12b. Address (street and number, city, State and ZIP code):</b> 8000 E. JEFFERSON AVE. DETROIT, MI. 48214	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> THE AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS			
<b>12d. Tel. No.</b> 202-637-5000	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<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> BILL LUCAS, MEMBER ORGANIZER		<b>13b. Address (street and number, city, State and ZIP code):</b> 14100 AIRPORT RD. GULFPORT, MS. 39503	
<b>13c. Tel. No.</b> 614-203-7719	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> LUKE59@MSN.COM
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> BILL LUCAS	<b>Signature</b> <i>Bill Lucas</i>	<b>Title</b> MEMBER ORGANIZER	<b>Date</b> 4-16-19

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PRIVACY ACT STATEMENT

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