

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-253149	Date Filed 12-11-19

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: Tucker House Nursing & Rehabilitation Center PA, L.P.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1001 Wallace Street, Philadelphia, PA 19123
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3a. Employer Representative - Name and Title: Kerry Offner, Administrator	3b. Address (if same as 2b - state same): Same as 2b
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3c. Tel. No. 215-235-1600	3d. Cell No.	3e. Fax No. 215-236-2842	3f. E-Mail Address koffner@tuckerhousehealth.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home & Rehabilitation Facility	4b. Principal Product or Service Health Care	5a. City and State where unit is located: Philadelphia, PA
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5b. Description of Unit Involved: Included: All full-time and regular part-time LPNs Excluded: All other employees, guards & Supervisors as defined in the Act	6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)
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): January 3, 2020	11c. Election Time(s): 6:30 a.m. to 8:00 a.m.; 2:30 p.m. to 3:30 pm	11d. Election Location(s): 1st floor break-room
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12a. Full Name of Petitioner (including local name and number): National Union of Hospital & Health Care Employees, AFSCME, AFL-CIO, District 1199c	12b. Address (street and number, city, State and ZIP code): 1319 Locust Street, Philadelphia, PA 19107-5498
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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):
AFSCME, AFL-CIO

12d. Tel. No. 215-735-1300	12e. Cell No.	12f. Fax No. 215-735-9878	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Laurence M. Goodman	13b. Address (street and number, city, State and ZIP code): Willig, Williams & Davidson, 24th Floor Philadelphia, PA 19103

13c. Tel. No. 215-656-3608	13d. Cell No.	13e. Fax No. 215-561-5135	13f. E-Mail Address lgoodman@wwdlaw.com
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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.

Name (Print) Laurence M. Goodman	Signature 	Title Legal Counsel	Date 12/10/19
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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

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. 04-RC-253222	Date Filed 12-12-19

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-503); 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: Davis Enterprises d/b/a Doubletree of Mt. Laurel	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 515 Fellowship Road Mt. Laurel, NJ 08054
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3a. Employer Representative - Name and Title: Dean Sampson, General Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 856-778-8999	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Dean.Sampson@hilton.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) hotel and restaurant	4b. Principal Product or Service lodging and eatery	5a. City and State where unit is located: Mt. Laurel, New Jersey
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5b. Description of Unit Involved: Included: All full-time and regular part-time employees in the Housekeeping/Public Areas, Laundry, Food & Beverage, and Guest Services/Front Desk Departments. Excluded: All other employees (including maintenance employees) and guards and supervisors as defined in the Act.	6a. Number of Employees in Unit: 78
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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) 12/12/19 and Employer declined recognition on or about (Date) 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) N/A	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification:	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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) 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): January 17, 2020	11c. Election Time(s): 6:30 a.m. - 9:30 a.m. 3:00 p.m. - 6:00 p.m.	11d. Election Location(s): Mt. Laurel
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12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 54	12b. Address (street and number, city, State and ZIP code): 1014 Atlantic Avenue Atlantic City, NJ 08401
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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):
UNITE HERE International Union

12d. Tel. No. 609-344-5400	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13a. Name and Title: Cassie R. Ehrenberg, Esquire Cleary, Josem & Trigiani LLP	13b. Address (street and number, city, State and ZIP code): 325 Chestnut Street, Suite 200 Philadelphia, PA 19106
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13c. Tel. No. 215-735-9099	13d. Cell No.	13e. Fax No. 215-640-3201	13f. E-Mail Address cehrenberg@cjtllaw.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.

Name (Print) Cassie R. Ehrenberg	Signature 	Title Attorney	Date 12/12/19
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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

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. 04-RC-253370	Date Filed 12/16/19

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:
Gourmet Glatt

2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):
1328 River Avenue, Lakewood, New Jersey 08701

3a. Employer Representative - Name and Title:
Mushie Ratner

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

3c. Tel. No.
732-961-1750

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
info@gourmetglattlakewood.com

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

4b. Principal Product or Service
Food

5a. City and State where unit is located:
Lakewood, NJ

5b. Description of Unit Involved:
Included:
All regular full-time and part-time nonsupervisory personnel
Excluded:
office clerical and supervisors as defined by the national labor relations act as amended

6a. Number of Employees in Unit:
~75

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) 12/10/19 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? 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
12/30/19

11c. Election Time(s):
12:00-4:00pm

11d. Election Location(s):
break room on premises

12a. Full Name of Petitioner (including local name and number):
Local 713 IBOTU

12b. Address (street and number, city, State and ZIP code):
400 Garden City Plaza, suite 106, Garden City, NY 11530

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Internation Brotherhood of Trade Unions U.M.D., I.L.A., AFL-CIO

12d. Tel. No.
516-741-5564

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:
Robert Vella, Business Agent

13b. Address (street and number, city, State and ZIP code):
400 garden City Plaza, suite 106, Garden City, NY 11530

13c. Tel. No.
516-741-5564

13d. Cell No.
516-880-5833

13e. Fax No.

13f. E-Mail Address
rpv@ibotu.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) Robert Vella Signature [Signature] Title Business Agent Date 12/13/19

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-253641	Date Filed 12-20-19

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: Westmont Hospitality Group d/b/a Westin Mount Laurel	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 555 Fellowship Road, Mt. Laurel, NJ 08054
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3a. Employer Representative - Name and Title: Linda Williams, Human Resources Director	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 856-778-7300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lwilliams@westinmtlaurel.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel and restaurant	4b. Principal Product or Service lodging and eatery	5a. City and State where unit is located: Mt. Laurel, New Jersey
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6b. Description of Unit Involved: Included: SEE ATTACHED	6a. Number of Employees in Unit: 64
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Excluded: SEE ATTACHED	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 12/20/19 on or about (Date) NO REPLY (If no reply received, so state) and Employer declined recognition
 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)
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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Wed. 1/15/20	11c. Election Time(s): 6:30-8:30 a.m. 1:00-4:00 p.m.	11d. Election Location(s): Westin Mt. Laurel
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12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 54	12b. Address (street and number, city, State and ZIP code): 1014 Atlantic Avenue Atlantic City, NJ 08401
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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):
UNITE HERE International Union

12d. Tel. No. 609-344-5400	12e. Cell No.	12f. Fax No.	12g. E-Mail Address balbert@unitehere.org
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13a. Name and Title: William T. Josem, Esquire	13b. Address (street and number, city, State and ZIP code): 325 Chestnut Street, Suite 200, Philadelphia, PA 19106
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13c. Tel. No. 215-735-9099	13d. Cell No.	13e. Fax No. 215-640-3201	13f. E-Mail Address wtjosem@cjtlaw.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.

Name (Print) William T. Josem	Signature 	Title Attorney	Date 12/20/19
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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

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 TO RC PETITION

Including: All full-time and regular part-time employees in the Food & Beverage/Culinary Department and the Housekeeping Department at its 555 Fellowship Road, Mt. Laurel, NJ facility.

Excluding: All other employees including front desk and maintenance employees, office clerical employees, professional employees, confidential employees, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-253677	Date Filed 12-20-19

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
Cake Life Bake Shop

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1306 Frankford Ave, Philadelphia, PA, 19125

3a. Employer Representative - Name and Title
Nima Etemadi, Lily Fischer (Owners)

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

3c. Tel. No. 215-278-2580

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
nima@cakelifebakeshop.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Bakery/ Coffee Shop

4b. Principal product or service
Cake/ Coffee

5a. City and State where unit is located:
Philadelphia PA

5b. Description of Unit Involved
Included: All full and part time employees. *baristas, dishwashers, Pastry chefs*

Excluded: All other employees including supervisors and guards as defined in the act.

6a. No. of Employees in Unit:
24

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) 12/19/19 and Employer declined recognition on or about** NO REPLY (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)

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):
1/13/2020, 1/27/2020, 2/3/2020

11c. Election Time(s):
3pm, 4pm - 7R

11d. Election Location(s):
Cake Life Bake Shop, 1306 Frankford Ave Phila. Pa, 19125

12a. Full Name of Petitioner (including local name and number)
Cafe Workers United (Fishtown Local 1)

12b. Address (street and number, city, state, and ZIP code)
PO Box 3731, Philadelphia PA 19125

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

12d. Tel No.
(b) (6), (b) (7)(C)

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

13b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

13c. Tel No.
(b) (6), (b) (7)(C)

13d. Cell No.
Same

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

Date
12/20/19

WILLFUL FALSE STATEMENT 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. 04-RC-253787	Date Filed 12-23-19

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 Delaware Valley University		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 700 E. Butler Avenue PA Doylestown 18901-	
3a. Employer Representative - Name and Title Cynthia Transue		3b. Address (if same as 2b - state same) 700 E. Butler Avenue PA Doylestown 18901-	
3c. Tel. No. (215) 489-2905	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cynthia.transue@delval.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools		4b. Principal product or service Education	
4a. City and State where unit is located: Doylestown, PA			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 12
Excluded: See Attached Page 2 for additional details		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). Teamsters Union Local No. 115 Robert Freiling Jr.		8b. Address 10965 Decatur Road PA Philadelphia 19154-	
8c. Tel No. (215) 335-0100	8d Cell No.	8e. Fax No. (215) 333-4146	8f. E-Mail Address rfreiling@teamsters115.org
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification 01/01/2003	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2021

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): January 13, 2020	11c. Election Time(s): 6am - 8am	11d. Election Location(s): TBD by parties
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12a. Full Name of Petitioner (including local name and number) Robert Freiling Jr. Teamsters Union Local No. 115	12b. Address (street and number, city, state, and ZIP code) 10965 Decatur Road PA Philadelphia 19154-
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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)
International Brotherhood of Teamsters (IBT)

12d. Tel No. (215) 335-0100	12e. Cell No.	12f. Fax No. (215) 333-4146	12g. E-Mail Address rfreiling@teamsters115.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Norton Brainard Esq. Counsel Teamsters Union Local No. 115		13b. Address (street and number, city, state, and ZIP code) 10965 Decatur Road PA Philadelphia 19154-	
13c. Tel No. (215) 335-0100	13d. Cell No.	13e. Fax No. (215) 333-4146	13f. E-Mail Address nbesq@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.

Name (Print) Robert Freiling Jr.	Signature Robert Freiling Jr.	Title Recording Secretary & Business Agent	Date 12/23/2019 11:50:50
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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.

DO NOT WRITE IN THIS SPACE

Case

04-RC-253787

Date Filed

12-23-19

Attachment

Employees Included
Public Safety

Employees Excluded
Supervisors, Managers

DO NOT WRITE IN THIS SPACE

Case No. 04-RD-252824 Date Filed 12-05-19

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 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.

2a. Name of Employer: SHORET TOYOTA
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 4236 BLACK HORSE PIKE
3a. Employer Representative - Name and Title: SCOTT RICHARDSON GM
3b. Address (If same as 2b - state same): SAME
3c. Tel. No.: 6096452770
3d. Fax No.:
3e. Cell No.:
3f. E-Mail Address: srichardson@libertytoyota.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): AUTOMOTIVE RETAIL AND SERVICE
4b. Principal product or service: AUTOMOBILES
5a. Description of Unit Involved:
Included: ALL FULL TIME, REGULAR PART TIME, FLAT RATE, HOURLY TECHNICIANS.
Excluded: ALL OTHER EMPLOYEES
5b. City and State where unit is located: MAYS LANDING NJ

6. No. of Employees in Unit: 16
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? Yes No

8a. Name of Recognized or Certified Bargaining Agent: IAM DISTRICT 15
8b. Affiliation, if any: NONE
8c. Address: 652 4TH AVE, BROOKLYN, NY 11232
8d. Tel. No.: 7184220090
8e. Cell No.:
8f. Fax No.:
8g. E-Mail Address: district15@iamaw.com

9. Date of Recognition or Certification: 11/26/18
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No
11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____

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. (If none, so state):
12a. Name: NONE
12b. Address:
12c. Tel. No.:
12d. Fax No.:
12e. Cell No.:
12f. E-Mail Address:

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
13a. Election Type: Manual Mail Mixed Manual/Mail
13b. Election Date(s): 12/26/19 12/27/19
13c. Election Time(s): 9:30AM-11:30AM
13d. Election Location(s): SHORE TOYOTA BREAK ROOM

14. Full Name of Petitioner: (b) (6), (b) (7)(C)
14a. Address (Street and number, city, state, ZIP code): (b) (6), (b) (7)(C)
14b. Tel. No.: (b) (6), (b) (7)(C)
14c. Fax No.:
14d. Cell No.:
14e. E-Mail Address: (b) (6), (b) (7)(C)
14f. Affiliation, if any: none

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:
15a. Name:
15b. Title:
15c. Address (Street and number, city, state, ZIP code): (b) (6), (b) (7)(C)
15d. Tel. No.:
15e. Fax No.:
15f. Cell No.:
15g. E-Mail Address:

I declare that I have read the above petition and its contents, and I am the petitioner or its authorized representative, or I am an attorney at law, and I am signing this petition as my knowledge and belief.
Name (Print): (b) (6), (b) (7)(C) **Title:** (b) (6), (b) (7)(C) **Date Filed:** 12/04/19

WILLFUL FALSE STATEMENTS ON THIS FORM ARE CAUSING THE PETITIONER TO BE SUBJECT TO A FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) AND PERJURY (U.S. CODE, TITLE 18, SECTION 151 et seq.).
Solicitation of the information on this form is authorized by the NLRB in processing representation and related proceedings. Further explain these uses upon request. Disclosure of this information to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE Case No. 04-RD-253955 Date Filed 12/31/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located.

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.

2a. Name of Employer WIND CREEK BETHLEHEM 2b. Address(es) of Establishment(s) involved 77 WIND CREEK BLVD., BETHLEHEM, PA 18015

3a. Employer Representative - Name and Title SAMUEL H. TRUNZO - TEAM MEMBER RELATIONSHIPS 3b. Address (if same as 2b - state same) SAME

3c. Tel. No. 484-777-7430 3d. Fax No. 3e. Cell No. 484-375-9030 3f. E-Mail Address samueltrunzo@windcreek.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) CASINO/HOTEL 4b. Principal product or service CASINO/HOTEL

5a. Description of Unit Involved Included: All full-time and regular part-time Security Guards. Excluded: All other employees, locksmiths and supervisors as defined in the Act. 5b. City and State where unit is located: Bethlehem, PA

6. No. of Employees in Unit 400 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? [X] Yes [] No

8a. Name of Recognized or Certified Bargaining Agent International Union, Security, Police and Fire Professionals of America (SPFPA) 8b. Affiliation, if any N/A

8c. Address David L. Hickey, International Pres. 25510 Kelly Road, Roseville, MI 48066 8d. Tel. No. (586)772-7250 8e. Cell No. N/A 8f. Fax No. (586)722-9644 8g. E-Mail Address spfpapres@spfpa.org

9. Date of Recognition or Certification 10/27/15 - Case 04-RC-159682 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 1, 2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? [] Yes [X] No 11b. If so, approximately how many employees are participating? N/A

11c. The Employer has been picketed by or on behalf of (Insert Name) N/A a labor organization, of (Insert Address) since (Month, Day, Year)

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. (If none, so state)

12a. Name NONE 12b. Address N/A 12c. Tel. No. N/A 12d. Fax No. N/A 12e. Cell No. N/A 12f. E-Mail Address N/A

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: [X] Manual [] Mail [] Mixed Manual/Mail

13b. Election Date(s) FRIDAY 2020 JANUARY 31 OR FEBRUARY 7 13c. Election Time(s) TBD 13d. Election Location(s) 77 WIND CREEK BLVD., BETHLEHEM

14. (b) (6), (b) (7)(C) 14b. Tel. No. 14c. Fax No. 14d. Cell No. (b) (6), (b) (7)(C) 14e. E-Mail Address (b) (6), (b) (7)(C)

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a. (b) (6), (b) (7)(C) 15b. Title (b) (6), (b) (7)(C) 15c. Tel. (b) (6), (b) (7)(C) 15d. E-Mail Address (b) (6), (b) (7)(C)

15e. (b) (6), (b) (7)(C) 15f. Cell No. (b) (6), (b) (7)(C) 15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that its contents are true to the best of my knowledge. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date Filed 12/30/19