CAVALLUZZO

Please refer to: Ryan D. White Direct Line: 416-964-5533

Email: rdwhite@cavalluzzo.com
Assistant: Fernanda Da Silva
Assistant's Email: fdasilva@cavalluzzo.com

File No. 503380

April 3, 2024

VIA E-FILE

Catherine Gilbert, Registrar
Ontario Labour Relations Board
505 University Ave., 2nd Flr.
Toronto, ON M5G 2P1

Dear Registrar:

RE: Canadian Union of Postal Workers, (Applicant) v. SkipTheDishes Restaurant Services Inc., (Responding Party)

Application for Certification (Industrial)

We are solicitors for the Applicant with respect to the above-noted matter. Please find enclosed our Form A-1, Application for Certification –Industrial, under the *Labour Relations Act, 1995*, along with the various supporting documents required by the Board's *Rules of Procedure*. A copy of this Application and the relevant supporting materials has been delivered to the Responding Party in accordance with the Board's *Rules of Procedure*.

If you have any questions or concerns arising out of the foregoing, please do not hesitate to contact the undersigned.

Yours truly,

CAVALLUZZO LLP

Ryan D. White & Cole Eisen

RDW/CE/fd

Encls.

cc: Carl Girouard, Jan Simpson, Bev Collins and Jody Hutton, CUPW SkipTheDishes Restaurant Services Inc., LaBarge Weinstein LLP

CAVALLUZZO LLP BARRISTERS & SOLICITORS

LABOUR RELATIONS ACT, 1995

APPLICATION FOR CERTIFICATION

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:

CANADIAN UNION OF POSTAL WORKERS

Applicant,

- and -

SKIPTHEDISHES RESTAURANT SERVICES INC.

Responding Party.

PLEASE READ INFORMATION BULLETIN NO. 1 – CERTIFICATION OF TRADE UNIONS <u>BEFORE</u> COMPLETING THIS FORM.

The applicant applies to the Ontario Labour Relations Board for certification of the employees of the responding party in a unit described below.

1. (a) Name, address, telephone number, facsimile number and e-mail address of the applicant:

Canadian Union of Postal Workers 377 Bank Street Ottawa, Ontario K2P 1Y3

Tel: 613-236-7238 Fax: 613-563-7861

Email: jhutton@cupw-sttp.org

(b) Name, address, telephone number, facsimile number and e-mail address of a contact person for the applicant (Please Note: this individual **must** be regularly available by phone during the five (5) days leading up to the date set for the vote. Your contact person should be an individual with the authority to enter into agreements on your behalf.):

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Attn: Jody Hutton

377 Bank St

Ottawa Ontario, K2P 1Y3

Tel: 2892413893 Fax: 613-563-7861

and; to counsel: Cavalluzzo LLP 474 Bathurst Street. Si

474 Bathurst Street, Suite 300

Toronto, ON M5T 2S6

Attention: Ryan D. White Tel: 416.964.1115 Fax: 416.964.5895

Email: rdwhite@cavalluzzo.com

Assistant: Fernanda Da Silva

Email: <u>fdasilva@cavalluzzo.com</u>

Attention: Cole Eisen
Tel: 416.964.1115
Fax: 416.964.5895

Email: ceisen@cavalluzzo.com

Assistant: Veronica Gomez

Email: vgomez@cavalluzzo.com

(c) E-mail address of representative and assistant (if any):

□ Counsel: as above Assistant: as above

□ Paralegal: Assistant:

□ other: Assistant:

[Periods of time referred to in this application, in other Board forms and notices, and in the Board's Rules of Procedure do <u>not</u> include weekends, statutory holidays, or any other day that the Board is closed.]

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(d) Name, address, telephone number, facsimile number and e-mail address of the responding party and contact person:

SKIPTHEDISHES RESTAURANT SERVICES INC. LaBarge Weinstein LLP 800-515 Legget Drive Kanata, Ontario K2K 3G4

Tel: 613-599-9600 Fax:613-599-0018

[Before you file your application with the Board, you must deliver to the responding party: a copy of your application, a blank response form (A-2, including Schedules A and B and the Instructions for filing Excel Schedules with the Board, found at Tab 4 of the Spreadsheet, a blank Confirmation of Posting (A-124), a Notice to Employer of Application for Certification (Form C-1) with the names of the parties and the date inserted, a copy of Information Bulletin No. 1 -- Certification of Trade Unions, a copy of Information Bulletin No. 3 -- Vote Arrangements, a copy of Information Bulletin No. 4 -- Status Disputes in Certification Applications, and a copy of Part III of the Board's Rules of Procedure. You must also complete the attached Certificate of Delivery.]

2. Detailed description of the unit of employees of the responding party that the applicant claims to be appropriate for collective bargaining, including the municipality or other geographic area affected:

All employees performing food and alcohol delivery services, including direct employees and/or dependent contractors for Skipthedishes Restaurant Services Inc. in the city of Hamilton, Ontario, save and except any managers, positions above the rank of manager, office staff, marketing and/or sales staff, technical and/or information technology staff, human resources staff, reception and/or administrative staff, and accounting staff.

3. Number and addresses of locations where affected employees work (Please list):

No set location. The workforce is engaged throughout the City of Hamilton

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4. The number of employees the applicant believes to be in the proposed unit (Please provide a breakdown by location listed in paragraph 3):

300

5. General nature of the responding party's business:

Food and Alcohol delivery service

6. Does the proposed bargaining unit include guards?

]	Yes	
Γ	X	1	No

7. Name, address, telephone number, facsimile number and e-mail address of any trade union known to the applicant which claims to represent any employee(s) who may be affected by this application:

N/A

[Before you file your application with the Board, you should deliver to the union(s) named in paragraph 7: a copy of this application, a blank intervention form, a copy of Information Bulletin No. 1 -- Certification of Trade Unions, a copy of Information Bulletin No. 3 -- Vote Arrangements, a copy of Information Bulletin No. 4 -- Status Disputes in Certification Applications, and a copy of Part III of the Board's Rules of Procedure. You must also complete the attached Certificate of Delivery.]

8. Membership evidence relating to this application accompanies this application and

	X]	does	
Γ	1	does	not

represent membership evidence on behalf of 40 percent or more of the employees in the proposed bargaining unit.

[Section 7(13) of the Act provides that the application for certification shall be accompanied by a list of names of union members in the proposed bargaining unit and evidence of their status as union members, but the trade union shall not give this information to the employer.]

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9.	Other relevant statements (attach additional pages if necessary):
	<u>Arrangements</u> (Please read Information Bulletin No. 3 - Vote ngements before completing this portion of the form.)
10.	Do you assert that a vote should take place on the fifth day after the date on which this application is filed with the Board?
	[X] Yes [] No
	If no, please explain fully. As well, please state the date on which you believe the vote should take place, and explain why:
11.	Please list your proposed hours for the vote specifying start and finish times and either a.m. or p.m.:
	Voting should start at noon on the 6^{th} business day after the application filing and go to noon on the 10^{th} day after the application filing.
	Please explain the reasons for your proposed vote times (e.g., shift change, employee start times etc.):
	, , ,
12.	change, employee start times etc.): The unit is large, geographically dispersed and the drivers work
12.	change, employee start times etc.): The unit is large, geographically dispersed and the drivers work all hours of the day and have no set work location.
12.	change, employee start times etc.): The unit is large, geographically dispersed and the drivers work all hours of the day and have no set work location. Please indicate the location you propose for the poll(s):
12.	change, employee start times etc.): The unit is large, geographically dispersed and the drivers work all hours of the day and have no set work location. Please indicate the location you propose for the poll(s): Poll #1
12.	change, employee start times etc.): The unit is large, geographically dispersed and the drivers work all hours of the day and have no set work location. Please indicate the location you propose for the poll(s): Poll #1 The certification vote should take place online.

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	City:		
	Poll #2 (only if multiple locations are necessary):		
	Room, or other description of the location:		
	Floor:		
	Address:		
	City:		
	Please explain the reason for your proposed poll location(s):		
	The unit is large, geographically dispersed and the drivers work all hours of the day and have no set work location.		
13.	Please state the name of the Scrutineer you have selected to represent you at each poll:		
	Poll #1: Jody Hutton, or her designate		
	Poll #2 (only if multiple locations are necessary):		
14.	Please state the name of the Agent you have selected to represent you at the counting of the ballots:		
	Jody Hutton, or her designate		
15.	Please indicate the name of the applicant as you wish it to appear on the Notice in the voting booth (and, in a displacement application, on the ballot):		
	Gig Workers United (Canadian Union of Postal Workers)		
DATED April 3, 2024 MUL			
	Signature for the Applicant		

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ATTACHMENTS

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION WHEN IT IS FILED WITH THE BOARD:

- (A) ANY MEMBERSHIP EVIDENCE RELATING TO THIS APPLICATION;
- (B) ONE COPY OF A LIST OF EMPLOYEES, IN ALPHABETICAL ORDER, CORRESPONDING WITH THE MEMBERSHIP EVIDENCE FILED; AND
- (C) A COMPLETED DECLARATION VERIFYING MEMBERSHIP EVIDENCE (FORM A-4)

NOTE: THE MEMBERSHIP EVIDENCE, LIST OF EMPLOYEES CORRESPONDING WITH THE EVIDENCE, AND THE DECLARATION VERIFYING EVIDENCE ARE <u>NOT</u> TO BE DELIVERED TO THE EMPLOYER OR ANY AFFECTED TRADE UNION.

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CERTIFICATE OF DELIVERY

- 1. I certify that the following documents were delivered to the employer, as follows:
 - a copy of the Application for Certification (Form A-1);
 - a blank copy of a Response to Application for Certification (Form A-2) including Schedules A & B (List of Employees);
 - a blank Confirmation of Posting (A-124);
 - a completed copy of the Notice to Employer of Application for Certification (Form C-1), with the names of the parties and the date inserted;
 - a copy of Information Bulletin No. 1 -- Certification of Trade Unions;
 - a copy of Information Bulletin No. 3 -- Vote Arrangements;
 - a copy of Information Bulletin No. 4 -- Status Disputes in Certification Applications; and
 - a copy of Part III of the Board's Rules of Procedures.

SKIPTHEDISHES RESTAURANT SERVICES INC. LaBarge Weinstein LLP

800-515 Legget Drive Kanata, Ontario K2K 3G4

Name of Organization and name and title of person to whom documents were delivered

Address or facsimile number to which documents were delivered

2. [Complete this section only if you identified an affected trade union in paragraph 7 of the application.]

I certify that the following documents were delivered to the trade union(s) named in paragraph 7 of the application, as follows:

- a completed copy of the Application for Certification (Form A-1);
- a blank copy of an Intervention in Application for Certification (Form A-3);
- $^{\circ}$ a copy of Information Bulletin No. 1 -- Certification of Trade Unions; (p. 8 of 11) (August, 2022)

	 a copy of Information Bulletin No. 3 Vote Arrangements; 						
	o	a copy of Inf Certification Ap		etin No. 4	Status	Disputes	in
	0	a copy of Part I	II of the Board	's Rules of Pr	ocedure.		
	and t	e of Organizatior itle of person to ments were deliv	whom	Address or which docu delivered			to
[Con	nplete	e <u>either</u> section	3 or section	4 below.]			
3.	The o	documents were	delivered by [] facsimile t	transmissic	on or [X]	
	hand	delivery on We	dnesday, Apri (Date)	l 3, 2024 at	: 10:01 a.r	<u>n.</u>	
4.	The o	documents were	given to	(Name of C	Courier)	on	
		(Date)	_, and I was advi	ised that they	would be d	lelivered	
	not la	ater than	(Date)	_, at	a.m	. /p.m.	
				NA	.ME: Ferna	anda Da G	Silvə
				NA	ME. Feille	iliua Da S)IIV a
					TITLE: Le	gal Assis	tant
			S	IGNATURE:	"Fernanc	ła Da Síl	va"

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IMPORTANT NOTES

The Board's forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website www.olrb.gov.on.ca or by calling 416-326-7500 or toll-free at 1-877-339-3335.

FRENCH OR ENGLISH

Vous avez le droit de communiquer et recevoir des services en français et en anglais. La Commission n'offre pas de services d'interprétation dans les langues autres que le français et l'anglais.

You have the right to communicate and receive services in either English or French. The Board does not provide translation services in languages other than English or French.

CHANGE OF CONTACT INFORMATION

Notify the Board immediately of any change in your contact information. If you fail to do so, correspondence sent to your last known address (including email) may be deemed to be reasonable notice to you and the case may proceed in your absence.

ACCESSIBILITY AND ACCOMMODATION

The Board is committed to providing an inclusive and accessible environment in which all members of the public have equitable access to our services. We will aim to meet our obligations under the *Accessibility for Ontarians with Disabilities Act* in a timely manner. Please advise the Board if you require any accommodation to meet your individual needs. The Board's Accessibility Policy can be found on its website.

COLLECTION AND DISCLOSURE OF INFORMATION AND DOCUMENTS

Any relevant information that you provide to the Board must in the normal course be provided to the other parties to the proceeding. Personal information collected on this form and in written or oral submissions may be used and disclosed for the proper administration of the Board's governing legislation and case processing. In addition, the *Tribunal Adjudicative Records Act, 2019* requires that the Board make adjudicative records (which include applications filed and a listing of such applications) available to the public. The Board has the power to make part or all of an adjudicative record confidential. The *Freedom of Information and Protection of Privacy Act* may also address the treatment of personal information. More information is available on the Board's website www.olrb.gov.on.ca. If you have any questions concerning the collection of information or disclosure of adjudicative records, contact the Solicitors' Office at the number listed above or in writing to the OLRB, 505 University Ave., 2nd floor, Toronto, ON M5G 2P1.

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E-FILING AND E-MAIL

The Rules of Procedure and Filing Guide set out the permitted methods of filing. In the event of emergencies or other circumstances, the Board may post a Notice to Community on its website, which will prevail over the Rules of Procedure and Filing Guide. You should check the Board's website prior to filing. Note that the efiling system is not encrypted. Contact the Client Services Coordinator at the numbers listed above if you have questions regarding e-filing or other filing methods. If you provide an e-mail address with your contact information, the Board will in most cases communicate with you by e-mail from an out-going only generic account. Incoming emails are not permitted.

HEARINGS AND DECISIONS

Hearings are open to the public unless the Board decides that matters involving public security may be disclosed or if it believes that disclosure of financial or personal matters would be damaging to any of the parties. Hearings are not recorded and no transcripts are produced.

The Board issues written decisions, which may include the name and personal information about persons appearing before it. Decisions are available to the public from a variety of sources including the Ontario Workplace Tribunals Library and www.canlii.org. Some summaries and decisions may be found on the Board's website.

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