

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Nature of H-2B Application

| | |
|---|---|
| 1. Is the employer seeking to employ any H-2B workers under this application who will be exempt from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued an H-2B visa or otherwise granted H-2B status? * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

B. Temporary Need Information

| | | |
|--|---|--|
| 1. Job Title * Amusement and Recreation Attendant | | |
| 2. SOC Code * 39-3091.00 | 3. SOC Occupation Title * Amusement and Recreation Attendants | |
| 4. Number of Workers * 15 | 5. Begin Date * 10/1/2019 (mm/dd/yyyy) | 6. End Date * 12/15/2019 (mm/dd/yyyy) |
| 7. Nature of Temporary Need (Choose only one) * <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent | | |
| 8. Statement of Temporary Need * (Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Premium Shows of America (PSA) provides rides, games, and concessions to the carnival industry. PSA operates at local, state, and county fairs, festivals, and outdoor celebrations in various states. PSA's season commences in the spring with cleaning of stands and equipment and ends mid-December when stands are cleaned and winterized. PSA does not operate rides or concession stands during the colder months of the year. | | |

C. Employer Information

| | | |
|---|-----------------------|------------------------|
| 1. Legal Business Name * Premium Shows of American LLC | | |
| 2. Trade Name/Doing Business As (DBA), if applicable § | | |
| 3. Address 1 * 2120 N Price Rd | | |
| 4. Address 2 (apartment/suite/floor and number) § | | |
| 5. City * Hubbard | 6. State * Ohio | 7. Postal Code * 44425 |
| 8. Country * United States Of America | 9. Province § | |
| 10. Telephone Number * +1 (772) 971-8824 | 11. Extension § | |
| 12. Federal Employer Identification Number (FEIN from IRS) * [REDACTED] | 13. NAICS Code * 7139 | |

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D. Employer Point of Contact Information

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

| | | |
|---|-------------------------|------------------------------|
| 1. Contact's Last (family) Name * | 2. First (given) Name * | 3. Middle Name(s) § |
| Lisko | Steve | |
| 4. Contact's Job Title * | | |
| Owner | | |
| 5. Address 1 * | | |
| 2120 N Price Rd | | |
| 6. Address 2 (apartment/suite/floor and number) § | | |
| | | |
| 7. City * | 8. State * | 9. Postal Code * |
| Hubbard | Ohio | 44425 |
| 10. Country * | | 11. Province § |
| United States Of America | | |
| 12. Telephone Number * | 13. Extension § | 14. Business Email Address * |
| +1 (772) 971-8824 | | n/a |

E. Attorney or Agent Information (If applicable)

| | | |
|--|-------------------------|---|
| 1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked. | | <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Agent <input type="checkbox"/> None |
| 2. Attorney or Agent's Last (family) Name § | 3. First (given) Name § | 4. Middle Name(s) § |
| Downs | Lesli | |
| 5. Address 1 § | | |
| 6747 Foxbriar Dr | | |
| 6. Address 2 (apartment/suite/floor and number) § | | |
| | | |
| 7. City § | 8. State § | 9. Postal Code § |
| Tulsa | Oklahoma | 74132 |
| 10. Country § | | 11. Province § |
| United States Of America | | |
| 12. Telephone Number § | 13. Extension § | 14. Law Firm/Business Email Address § |
| +1 (918) 906-5212 | | ldowns@southernimpact.com |
| 15. Law Firm/Business Name § | | 16. Law Firm/Business FEIN § |
| Southern Impact | | |

If "Attorney" is marked in question E.1, complete questions 17 to 19 below.

| | |
|--|---|
| 17. State Bar Number(s) § | 18. State of highest court where attorney is in good standing § |
| | |
| 19. Name of the highest state court where attorney is in good standing § | |
| | |

If "Agent" is marked in question E.1, complete questions 20 and 21 below.

| | |
|--|--|
| 20. Is a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application attached? § | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Is a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform attached to this application? § | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |

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F. Employment and Wage Information

a. Job Opportunity and Minimum Requirements

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------|---|--------------|---|-------------|--------------------------|---|--------------------------|---|---|--------------|---|-----------|---|-----------|---|------------|---|-------------|---|-------------|
| 1. Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. * | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| 2. Name of the State * Ohio | | | | 3. Date Job Order Submitted * 7/15/2019 | | | | | | | | | | | | | | | | | | | |
| 4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> Setup/tear down/operate rides, sell/serve refreshments at events. Clean, maintain food stands, rides. Inspect equipment for wear/damage. Live in shared housing (optional, no cost). Travel to Florida. Transportation to worksites provided. 40 hrs/wk, Mon-Sun, 12am-11:55pm, days/hours vary. | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Anticipated days and hours of work per week <i>(an entry is required for each box below) *</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%; text-align: center;">56</td> <td style="width: 20%;">a. Total Hours</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 15%;">c. Monday</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 15%;">e. Wednesday</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 15%;">g. Friday</td> </tr> <tr> <td style="text-align: center;">8</td> <td>b. Sunday</td> <td style="text-align: center;">8</td> <td>d. Tuesday</td> <td style="text-align: center;">8</td> <td>f. Thursday</td> <td style="text-align: center;">8</td> <td>h. Saturday</td> </tr> </table> | | | | | | | | 56 | a. Total Hours | 8 | c. Monday | 8 | e. Wednesday | 8 | g. Friday | 8 | b. Sunday | 8 | d. Tuesday | 8 | f. Thursday | 8 | h. Saturday |
| 56 | a. Total Hours | 8 | c. Monday | 8 | e. Wednesday | 8 | g. Friday | | | | | | | | | | | | | | | | |
| 8 | b. Sunday | 8 | d. Tuesday | 8 | f. Thursday | 8 | h. Saturday | | | | | | | | | | | | | | | | |
| 6. Hourly work schedule * <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">a. <u>12</u> : <u>00</u></td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </td> </tr> <tr> <td>b. <u>11</u> : <u>59</u></td> <td style="text-align: center;"> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM </td> </tr> </table> | | | | | | | | a. <u>12</u> : <u>00</u> | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | b. <u>11</u> : <u>59</u> | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | | | | | | | | | | | |
| a. <u>12</u> : <u>00</u> | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | | | | | | | | | | | | | |
| b. <u>11</u> : <u>59</u> | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | | | | | | | | | | | | | | | | | | | | | |
| 7. Education: minimum U.S. diploma/degree required. * <input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.) | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Training: number of <u>months</u> required. * | | | | 9. Work Experience: number of <u>months</u> required. * | | | | | | | | | | | | | | | | | | | |
| 10. Supervision: does this position supervise the work of other employees? * | | | | 10a. If "Yes" to question 10, enter the number of employees worker will supervise. \$ | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | 0 | | | | | | | | | | | | | | | | | | | |
| 11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Basic math skills, must be willing to work weekends & holidays, must be willing to travel. | | | | | | | | | | | | | | | | | | | | | | | |

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b. Place of Employment and Wage Information

| | | |
|---|---|--|
| 1. Worksite Address * 2120 N Price Rd | | |
| 2. Worksite Address \$ (apartment/suite/floor and number) | | |
| 3. City * Hubbard | 4. State * Ohio | 5. Postal Code * 44425 |
| 6. County * Trumbull | 7. Metropolitan Statistical Area (MSA) Name/OES Area Title * YOUNGSTOWN-WARREN-BOARDMAN, OH-PA MSA | |
| 8. Basic Wage Rate Paid * From: \$ 09 . 73 * To: \$ 11 . 68 | | 8a. Overtime Wage Rate Paid \$ From: \$. To: \$. |
| 9. Per (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate | 9a. Additional conditions about the wage rate to be paid. \$ wage depend on location | |
| DOL Prevailing Wage Determination (PWD) Information | | |
| 10. 1st PWD Case Number * P-400-19164-004711 | 10a. 2nd PWD Case Number \$ | 10b. 3rd PWD Case Number \$ |
| 11. If a valid PWD has <u>not</u> been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

c. Additional Place of Employment and Wage Information

| | |
|---|---|
| 1. Will work be performed at worksite locations other than the one identified in Section F.b.? * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. \$ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

d. Other Material Terms and Conditions of the Job Offer

| | |
|---|--|
| 1. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State and local laws and regulations. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 2. Overtime Available: Overtime hours will be available to the workers and payable at the rate disclosed in Section F.b.8a of this application. * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| 3. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| 4. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 5. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 6. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). * Deductions may be taken per employee's request. | |

e. Recruitment Information

| | |
|---|--|
| 1. Telephone Number to Apply * ++ (772) 971-8824 | 2. Email Address to Apply * premiumshowsofamerica@gmail.com |
| 3. Website address (URL) to Apply * N/A | |

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U.S. Department of Labor



G. Other Supporting Documentation

| | |
|--|--|
| 1. Type of Employer Application (Choose only one) * | <input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Job Contractor – Joint Employer |
| 2. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| If "Job Contractor – Joint Employer" is marked in question G.1, complete questions 3 and 4 below. | |
| 3. Indicate whether a completed Appendix D identifying the employer-client has been completed. § | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. § | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foreign Labor Recruiter Information | |
| 5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. * | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 7. Indicate whether a completed Appendix C providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. * | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

H. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix B will not be certified by the Department.

| | |
|--|--|
| 1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix B and have attached a signed and dated copy of Appendix B with this application. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Please confirm that the <u>employer-client</u> identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix B and has attached a <u>separate</u> signed and dated copy of Appendix B with this application. * | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

I. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or Section E (attorney or agent) of this application.

| | | |
|--------------------------------------|-----------------------------|---------------------|
| 1. Last (family) Name § | 2. First (given) Name § | 3. Middle Initial § |
| 4. Law Firm/Business FEIN § | 5. Law Firm/Business Name § | |
| 6. Law Firm/Business Email Address § | | |

Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

H-2B Application for Temporary Employment Certification
Form ETA-9142B – Appendix A
U.S. Department of Labor



| 1. City * | 2. State * | 3. County * | 4. MSA Name/OES Area Title * | 5. Additional Place of Employment Information § | 6. Additional Work Itinerary Information § | | | | | | |
|-----------------|------------|-------------|------------------------------|---|--|---------------|------------|------------|-----------------|-------|------|
| | | | | | Crew ID | Total Workers | Begin Date | End Date | Basic Wage Rate | | Per |
| | | | | | | | | | From: | To: | |
| Palm Bay | FL | DUVAL | JACKSONVILLE, FL MSA | | | 15 | 10/17/2019 | 10/20/2019 | 9.73 | 9.73 | Hour |
| Cocoa Beach | FL | BREVARD | BAY-MELBOURNE-TITUSVILLE, F | | | 15 | 10/1/2019 | 10/13/2019 | 10.82 | 10.82 | Hour |
| Poinciana | FL | POLK | AKELAND-WINTER HAVEN, FL MS | | | 15 | 11/22/2019 | 12/1/2019 | 10.34 | 10.34 | Hour |
| Largo | FL | PINELLAS | ST. PETERSBURG-CLEARWATER | | | 15 | 11/8/2019 | 11/10/2019 | 10.1 | 10.1 | Hour |
| Lehigh Acres | FL | LEE | APE CORAL-FORT MYERS, FL MS | | | 15 | 11/14/2019 | 11/17/2019 | 11.68 | 11.68 | Hour |
| New Port Richey | FL | PASCO | ST. PETERSBURG-CLEARWATER | | | 15 | 10/31/2019 | 11/3/2019 | 10.1 | 10.1 | Hour |
| Snell Isle | FL | PINELLAS | ST. PETERSBURG-CLEARWATER | | | 15 | 12/5/2019 | 12/8/2019 | 10.1 | 10.1 | Hour |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-19197-021345
H-2B Case Number: _____

Case Status: Full Certification

Determination Date: 09/10/2019

Validity Period: 10/1/2019 to 12/15/2019

H-2B Application for Temporary Employment Certification
Form ETA-9142B – Final Determination: H-2B Temporary Labor Certification Approval
U.S. Department of Labor



APPROVAL OF H-2B TEMPORARY LABOR CERTIFICATION

In accordance with 20 CFR 655, Subpart A, the Department hereby certifies that a sufficient number of qualified U.S. workers have not been identified as being available at the time and place needed to fill the job opportunities for which certification is sought, and the employment of the H-2B temporary workers in such labor or services will not adversely affect the wages and working conditions of U.S. workers similarly employed.

Therefore, by virtue of the signature below, the Department hereby acknowledges granting certification for the following *H-2B Application for Temporary Employment Certification* (Form ETA-9142B):

| | | |
|--|--|---------------------------------------|
| 1. DOL Case Number H-400-19197-021345 | 2. Case Status Full Certification | 3. Determination Date 09/10/2019 |
| 4. Employer Legal Business Name(s)/FEIN(s) Premium Shows Of American Llc [REDACTED] | | |
| 5. Job Title Amusement And Recreation Attendant | | |
| 6. SOC Code 39-3091.00 | 7. SOC Occupation Title Amusement And Recreation Attendants | |
| 8. Worker Positions Certified 15 | 9. Employment Begin Date 10/1/2019 | 10. Employment End Date 12/15/2019 |
| 11. Department of Labor Office of Foreign Labor Certification (electronic signature) |  | |

Pursuant to 20 CFR 655.55, the aforementioned temporary labor certification is valid only for the period of employment, number of H-2B positions, the area of intended employment, the job classification and specific services or labor to be performed, and the employer(s) specified on this approved Form ETA-9142B and appendices, including any approved modifications.

Each employer covered by this approved Form ETA-9142B has declared under penalty of perjury that it has read and reviewed every page of this approved Form ETA-9142B, including all appendices, and takes full responsibility for the accuracy of all information contained therein and all documentation supporting this approved Form ETA-9142B, including any representations made by the employer's authorized agent or attorney as applicable. Each employer covered by this approved Form ETA-9142B has attested that it has read, understands, and will abide by all terms, assurances, and obligations as a condition for receiving this approved Form ETA-9142B from the Department.

This approved Form ETA-9142B expires on the last day of authorized employment, including any approved extensions, and may not be transferred from one employer to another unless the employer to which it is transferred is a successor in interest to the employer to which it was issued.