



Reply to Carl W. Peterson

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Reply to Danny Parker

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August 29, 2024

E-Filing

Ms Catherine Gilbert Registrar Ontario Labour Relations Board 505 University Avenue, 2nd Floor Toronto, ON M5G 2P1

Dear Ms Gilbert:

Re: Durham Residential Construction Labour Bureau (Applicant) and Labourers' International Union Of North America, Local 183 (Respondent)
OLRB File Number 0796-24-R

In accordance with the Board's decision of July 24, 2024, and on behalf of Tribute Communities Inc. (the "Company"), attached please find the Company's Form A-94, Employer Filing, Application for Accreditation, Construction Industry, along with the corresponding List of Employees thereto, which we have served on all of the affected parties.

Yours truly,

Carl W. Peterson Danny Parker

Carl W. Peterson and Danny Parker CWP/DP/Id

Client
 LIUNA, Local 183 – G. Williamson and R. McKeen (via email)

Attach.

Form A-94

File No.: 0796-24-R.

LABOUR RELATIONS ACT, 1995

EMPLOYER FILING, APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:	
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		Durham lesidential Construction Labour Bureau - and -	Applicant,				
		L.I.U.N.A. Local 183					
		- and -	ing Party,				
		_	ntervenor.				
		Name of Employer					
makes the following filing in this case.							
The	emp	oloyer states:					
1.	(a)	Address, telephone number, facsimile number and e-ma of the employer: 1815 Iron stone Manor (uni+1) Picturing, ON LIW 3W9 (905) -477 -5480 (fc) Name, address, telephone number, facsimile number a					
	(b)	address if any of a contact person for the employer: K: Bello 1815 honstone manor (unit 1) Picturing, ON, L1W 3W9 (905) - 477 - 5480 (tel) (905) - 839 - 3500 (fax)	nd e-mail				
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Form A-94

	(c)	E-	-mail address o	of representative and assistant (if any):		
			Counsel:	Assistant:		
			Paralegal:	Assistant:		
			other:	Assistant:		
2.	The employer is an employer in the construction industry.					
			ye	5		
3.	[<u>×</u>] is The responding party [<u></u>] is not entitled to bargain on behalf of the employees of the employer affected by the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)					
4.	[<u>K</u>] has The employer [<u>]</u> has not employed employees affected by the application within one year prior to the date of the making of the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)					
5.	Weekly	pay	yer states that roll period imm	the number of employees on the payroll for the ediately preceding the date of the application		
	[<u>]</u> is [] is	no	t			
	noman	у '	tive of the nu employed by tive, give deta	mber of employees affected by this application the employer. (Where the number is not ils.)		
6.	Attache	d to	o this filing is a	completed and verified List of Employees.		
7.	Submiss of this a	sior ippl	ns, if any, whic lication: (Att a	the the employer wishes to make at the hearing ch additional pages if necessary.)		
DAT	TED A	-fr	A 12th	2024 Signature for the Employer		

(June 2014)

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