



Application for Prevailing Wage Determination  
 Form ETA-9141  
 U.S. Department of Labor

Please read and review the filing instructions carefully before completing the Form ETA-9141. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor>. For all submissions, either electronic or paper, ALL required fields/items containing an asterisk (\*) must be completed as well as any applicable fields/items where a response is conditional as indicated by the section (§) symbol.

**A. Employment-Based Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	PERM
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**B. Employer Point-of-Contact Information**

Important Note: The information contained in this section is for an employee authorized to act on behalf of the employer in labor certification or labor condition application matters. The information in this section must be different from the attorney or agent information listed in Section D, except when an attorney listed in Section D is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) (if applicable) §
Ahmed	Tamanna	
4. Contact's job title *		
President/ Manager		
5. Address 1 *		
2231 Del Prado Blvd S		
6. Address 2		
7. City *	8. State *	9. Postal Code *
Cape Coral	FL	33990
10. Country *	11. Province (if applicable) §	
United States Of America		
12. Telephone number *	13. Extension (if applicable) §	14. Business E-Mail Address *
+1 (239) 574-3866		maishatrading@gmail.com

**C. Employer Information**

1. Legal Business Name *		
Cape Coral Petroleum Inc		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
2231 Del Prado Blvd S		
4. Address 2		
5. City *	6. State *	7. Postal code *
Cape Coral	FL	33990
8. Country *	9. Province (if applicable) §	
United States Of America		
10. Telephone number *	11. Extension (if applicable) §	
+1 (239) 574-3866		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code *	
26-0566322	447110	

**D. Attorney or Agent Information (if applicable)**

1. Indicate the type of representation for the employer in the filing of this application * If D.1 is "Attorney" or "Agent" the remainder of this section is required		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None
2. Attorney or Agent's Last (family) Name §	3. First (given) Name §	4. Middle Name(s) §
Veiga	Marina	F
5. Address 1 §		
2295 NW Corporate Blvd.		



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6. Address 2 <i>(apartment/suite/floor and number)</i> Suite 215		
7. City § Boca Raton	8. State § FL	9. Postal Code § 33431
10. Country § UNITED STATES OF AMERICA		11. Province (if applicable) §
12. Telephone Number § +19547811994	13. Extension §	14. Law Firm/Business E-Mail Address § perm@theepsteingroup.org
15. Law Firm/Business Name § Law Office of Shayne J. Epstein, PA		16. Law Firm/Business FEIN § 65-1142548

**E. Wage Source Information**

Refer to instructions for all supporting documents required in this section.

1. Is the employer covered by ACWIA, as described in 20 CFR 656.40(e)(1)? * (Not applicable for H-2B)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
a. If "Yes," identify which ACWIA provision the employer is covered under (choose all that apply): §		
<input type="checkbox"/> (i) Institution of higher education <input type="checkbox"/> (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education <input type="checkbox"/> (iii) Nonprofit research organization or Governmental research organization		
b. If the employer has previously been determined not covered under ACWIA, does the employer have any reason to believe that its status has changed? §		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the position covered by a Professional Sports League Rules or Regulations? §		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Is the position covered by a Collective Bargaining Agreement (CBA)? §		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<b>For non-OES requests, select and fully complete only one of the following:</b> (Davis Bacon Act (DBA) & Service Contract Act (SCA) are not prevailing wage sources for H-2B)		
4. Source Type: § <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Survey		
a. Complete the following if consideration of a survey is requested above. § (If this is a request to use a survey in the H-2B program, Form ETA-9165 must also be completed.)		
(i) Survey name or title: §		
(ii) Survey date of publication or, if not published, date of submission to DOL: §		

**F. Job Offer Information**

**a. Job Description**

1. Job Title * Food Safety Manager Night Shift	
2. Job Duties: Description of the specific services or labor to be performed. * (All job duties must be disclosed. A description of the job duties MUST begin in this space. One separate addendum will be accepted to fully complete the response.) Please See Addendum	
3. Does this position supervise the work of other employees? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If "Yes," please indicate the SOC code(s) and SOC title(s) of the occupation(s) of the employees to be supervised: §	



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**b. Minimum Job Requirements**

1. Education: Minimum U.S. diploma/degree required *	
<input type="checkbox"/> None <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)	
a. If "Other degree" in question 1, specify the U.S. diploma/degree required §	b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If "Yes" in question 3, specify the number of <u>months</u> of training required §	b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § 24	b. Indicate the occupation required § Please See Addendum
5. Special Skills or Other Requirements: Does the employer require any specific or other requirements? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes," check all that apply and specify the requirement(s): §	
<input checked="" type="checkbox"/> (i) License/Certification: Food Safety Certificate	
<input type="checkbox"/> (ii) Foreign Language:	
<input type="checkbox"/> (iii) Residency/Fellowship:	
<input type="checkbox"/> (iv) Other Special Skills or Requirements:	

**c. Alternative Job Requirements**

While an employer may specify alternative requirements, the substantial equivalency of the alternative requirements to minimum requirements will not be evaluated. (Not applicable for H-2B)

1. Are alternate sets of Education, Training, and/or Experience accepted? §	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If c.1 is "Yes," c.2, c.3, and c. 4 must be completed.</b>	
2. Specify the alternate level of education: U.S. diploma/degree accepted §	
<input type="checkbox"/> None <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)	
a. If "Other degree" in question 2, specify the U.S. diploma/degree accepted §	b. Indicate the major(s) and/or field(s) of study accepted § (May list more than one related major and more than one field)
3. Is alternate training for the job opportunity accepted? §	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If "Yes" in question 3, specify the number of <u>months</u> of alternate training accepted §	b. Indicate the field(s)/name(s) of training accepted § (May list more than one related field and more than one type) N/A
4. Is alternate employment experience accepted? §	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



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a. If "Yes" in question 4, specify the number of <u>months</u> of alternate experience accepted § 24	
5. Special Skills or Other Requirements: Does the employer require any specific or other requirements? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," check all that apply and specify the requirement(s) §	
<input checked="" type="checkbox"/> (i) License/Certification: Food Safety Certificate	
<input type="checkbox"/> (ii) Foreign language:	
<input type="checkbox"/> (iii) Residency/Fellowship:	
<input type="checkbox"/> (iv) Other Special Skills or Requirements:	

**d. Other Information**

1. Suggested SOC (O*NET/OES) code * 41-1011.00	a. Suggested SOC (O*NET/OES) occupation title * First-Line Supervisors of Retail Sales Workers
2. Job title of the official the employee will report to for this job opportunity (if applicable) §	
3. Will travel be required in order to perform the job duties? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	a. If "Yes," provide geographic location and frequency of the travel. §

**e. Place of Employment Information**

1. Worksite address 1 * 2231 Del Prado Blvd S			
2. Address 2			
3. City * Cape Coral	4. State * FL	5. County * Lee	6. Postal Code * 33990
7. Will work be performed in any Bureau of Labor Statistics Area (Metropolitan or Non-Metropolitan Statistical Areas) other than the Bureau of Labor Statistics Area of the address listed above, or, in the case of Bureau of Labor Statistics areas with multiple county-level prevailing wage rates, in a county other than the county of the address listed above? * (If "Yes," a completed Appendix A is required)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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**ADDENDUM**  
Section F.a.2: Job Duties

Addendum for Section F.a.2: Job Duties

Ask customers if they are interested in purchasing additional items. Be professional, friendly, and helpful to customers. Follow Company policies, as well as comply with all Federal and State laws. Work alone in the evening or with others. Use Point of Sale system and properly account for all cash. Accurately prepare the daily paperwork and handle lottery, money order, money transfer and other types of retail transactions. Be exposed to cold and hot temperature extremes in the walk-in cooler, freezer and/or outdoors. Be able to stand, stoop and/or walk for an entire shift and be able to bend at the waist with some twisting. Be able to reach, grasp and manipulate objects with hands continuously throughout the day. Review all invoices/charges relative to each delivery of food. Identify and verify each food shipment contains all items were delivered and appropriately refrigerated. Efficiently utilize all equipment in the store (POS system, Fuel Tanks and Dispensers, etc.). Maintain property and equipment to ensure customers and employees have a safe environment in which to work and shop. Follow all Company Safety and Loss Prevention procedures including wearing appropriate safety equipment. Responsible for food safety and rotating inventory. Has control over food storage, preparation, display, and service of foods.

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**ADDENDUM**

Section F.b.4.b: Job Requirements Occupation

Addendum for Section F.b.4.b: Job Requirements Occupation

In the job offered. Alternatively, accept experience with any kind of management or executive position in any industry.

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PW Tracking Number: P-100-22279-514171 Case Status: Pending Recommendation Validity Period: \_\_\_\_\_ to \_\_\_\_\_