OMB Approval: 1205-0509
Expiration Date: 6/30/2026

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 the Office of Foreign Labor Certification's website at https://www.dol.gov/agencies/eta/foreign-labor. 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. H-2B Application Visa Cap Estimates

1. Of the total number of H-2B workers requested under Section B Item 4 of this application, estimate the number of H-2B workers the employer anticipates will be cap-subject and cap-exempt from the H-2B numerical visa cap.*	a. Cap-Subject	40
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * Ride Attendants		
2. SOC Code * 39-3091.00	3. SOC Occupation Title * Amusement and Recreation Attendants	
4. Number of Workers * 40	5. Begin Date * *(mm/dd/yyyy)* 4/1/2026	6. End Date * *(mm/dd/yyyy)* 11/30/2026
7. Nature of Temporary Need *(Choose only one)* * ☑ Seasonal ☐ Peakload ☐ One-Time Occurrence ☐ Intermittent		
8. Statement of Temporary Need * *(Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)* Please See Addendum		

C. Employer Information

1. Legal Business Name *		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
4. Address 2 *(apartment/suite/floor and number)* §		
5. City * Post Falls	6. State * Idaho	7. Postal Code * 83854
8. Country *	9. Province §	
10. Telephone Number *	11. Extension §	
12. Federal Employer Identification Number *(FEIN from IRS)* * [redacted]	13. NAICS Code *	

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) §
McKay		

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4. Contact's Job Title * Owner		
5. Address 1 *		
6. Address 2 *(apartment/suite/floor and number)* §		
7. City * Post Falls	8. State * Idaho	9. Postal Code * 83854
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * paradisesm@aol.com

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.		☐ Attorney ☑ Agent ☐ None
2. Attorney or Agent's Last (family) Name § Corea	3. First (given) Name §	4. Middle Name(s) §
5. Address 1 §		
6. Address 2 *(apartment/suite/floor and number)* §		
7. City § Charlottesville	8. State § Virginia	9. Postal Code § 22902
10. Country §	11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § corea1131@maslabor.com
15. Law Firm/Business Name §		16. Law Firm/Business FEIN § [redacted]

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? §	☑ Yes ☐ 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? §	☐ Yes ☐ No ☐ 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. *	☑ Yes ☐ No
2. Name of the State * Idaho	3. Date Job Order Submitted * 1/1/2026

4. Job Duties – Description of the specific services or labor to be performed. *
(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)

Perform a variety of attending duties at amusement facility/carnival. Operate amusement concessions and rides. May direct patrons to rides, seats, or attractions. Tend amusement booths in carnival, performing duties, such as conducting games, photographing patrons, or awarding prizes. Sell and serve refreshments to customers. May clean rides, booths, facilities, or grounds of carnival area.

5. Anticipated days and hours of work per week *(an entry is required for each box below)* *

40	**a. Total Hours**	8	c. Monday	8	e. Wednesday	8	g. Friday
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday

6. Hourly work schedule *

a. 3 : 00 ☐ AM ☑ PM

b. 11 : 00 ☐ AM ☑ PM

7. Education: minimum U.S. diploma/degree required. *

☑ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)

8. Training: number of months required. *	0	9. Work Experience: number of months required. *	0
10. Supervision: does this position supervise the work of other employees? *	☐ Yes ☑ No	10a. If "Yes" to question 10, enter the number of employees worker will supervise. §	

11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. *

Please See Addendum

b. Place of Employment and Wage Information

1. Worksite Address * 6672 West Orchard Avenue		
2. Worksite Address § *(apartment/suite/floor and number)*		
3. City * Post Falls	4. State * Idaho	5. Postal Code * 83854

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6. County * Kootenai County	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Coeur d'Alene, ID
8a. Basic Wage Rate Paid * From: $ 12 . 88 To: $ 19 . 60	8b. Per *(Choose only one)* * ☑ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate
8c. Are overtime hours available for this job opportunity at any work locations for the 9142B and Appendix A?* ☐ Yes ☑ No	
8d. Wage Rate Range for Overtime Pay § From: $ _____ . _____ To: $ _____ . _____	
9. Additional conditions about the wage rate to be paid at any work locations § Raises and/or bonuses may be offered based on individual factors including work performance, skill, and tenure.	

DOL Prevailing Wage Determination (PWD) Information

10. 1st PWD Case Number * P-400-25323-422901	10a. 2nd PWD Case Number §	10b. 3rd PWD Case Number §
11. If a valid PWD has not been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. §	☐ Yes ☐ No ☑ 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.? *	☑ Yes ☐ No
2. If "Yes" is marked in question F.c.1, indicate whether a completed **Appendix A** is attached to this application. §	☑ Yes ☐ 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. *	☑ Yes ☐ N/A
2. **On-the-Job Training Available:** Workers will be provided with on-the-job training to perform the duties assigned. *	☑ Yes ☐ N/A
3. **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. *	☑ Yes ☐ N/A
4. **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. *	☑ Yes ☐ N/A
5. **Deductions From Pay**: State all deduction(s) from pay and, if known, the amount(s). * Please See Addendum	

e. Recruitment Information

1. Telephone Number to Apply * N/A	2. Email Address to Apply * paradisesm@aol.com
3. Website address (URL) to Apply * https://idahoworks.gov/	

G. Other Supporting Documentation

1. Type of Employer Application *(Choose only one)* *	☑ Individual Employer ☐ Joint Employer (*e.g.*, Job Contractor)
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? *	☐ Yes ☐ No ☑ N/A

If "Joint Employer" (e.g. Job Contractor) is marked in question G.1, complete questions 3 and 4 below.

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3. Indicate whether a completed **Appendix D** identifying the joint employer (or employer-client for a job contractor) has been included. §	❑ Yes ❑ No
4. If a job contractor, 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. §	❑ Yes ☑ No ❑ N/A

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? *	❑ Yes ☑ 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. *	❑ Yes ❑ No ☑ 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. *	❑ Yes ❑ No ☑ 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. *	☑ Yes ❑ No
2. Please confirm that the joint employer (e.g. employer-client for a job contractor) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix B** and has attached a separate signed and dated copy of Appendix B with this application. *	❑ Yes ❑ No ☑ 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 §		

For public burden statement information, please see Form ETA-9142B General Instructions.

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ADDENDUM

Section B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

I.□BACKGROUND
SHERRY'S FOOD CONCESSIONS INC. (ESTABLISHED IN) IS A POST FALLS, ID-BASED EMPLOYER ENGAGED PRIMARILY IN AMUSEMENT AND RECREATION SERVICES. WE HAVE A TEMPORARY, SEASONAL NEED FOR 40 WORKERS TO BE EMPLOYED AS RIDE ATTENDANTS (SOC 39-3091.00 AMUSEMENT AND RECREATION ATTENDANTS).
WE ARE A RETURNING H-2B PROGRAM USER, AND THE INSTANT REQUEST IS ENTIRELY CONSISTENT WITH OUR PREVIOUSLY-ESTABLISHED SEASONAL NEEDS, AS MOST RECENTLY CERTIFIED UNDER ETA CASE #H-400-25004-594548.
II.□REGULATORY STANDARDS
PER THE REGULATIONS, A SEASONAL LABOR NEED IS ONE IN WHICH THE EMPLOYERS NEED FOR SERVICES OR LABOR IS TRADITIONALLY TIED TO A SEASON OF THE YEAR BY AN EVENT OR PATTERN AND IS OF A RECURRING NATURE. EMPLOYMENT IS NOT CONSIDERED SEASONAL IF THE PERIOD DURING WHICH THE SERVICES OR LABOR IS NOT NEEDED IS UNPREDICTABLE OR SUBJECT TO CHANGE, OR IS CONSIDERED A VACATION PERIOD FOR THE EMPLOYERS PERMANENT EMPLOYEES. THE REQUEST FOR SEASONAL WORKERS MUST ALSO REPRESENT BONA FIDE JOB OPPORTUNITIES FOR THE NUMBER OF WORKERS REQUESTED.
III.□TEMPORARY NEED
A. PERIOD OF NEED
OUR LABOR NEED IS TIED TO THE REQUESTED PERIOD OF NEED BY NATURAL FACTORS INCLUDING SUNLIGHT, WEATHER, AND TEMPERATURE ACROSS OUR MULTI-STATE SERVICE AREA, AS WELL AS PREDICTABLE FLUCTUATIONS IN CONSUMER DEMAND FOR AMUSEMENT AND RECREATION SERVICES. THIS PATTERN IS BOTH PREDICTABLE AND RECURRING, AND IS NOT A "VACATION PERIOD" FOR OUR PERMANENT EMPLOYEES.
OUR OPERATIONS SPAN MULTIPLE COUNTIES ACROSS IDAHO (BENEWAH), NEVADA (CLARK, ELKO), AND WASHINGTON (CHELAN, CLARK, COWLITZ, DOUGLAS, GRAYS HARBOR, ISLAND, KING, KITSAP, MASON, OKANOGAN, PIERCE, AND SKAGIT). DESPITE GEOGRAPHIC DIVERSITY, THESE LOCATIONS SHARE COMMON SEASONAL DEMAND PATTERNS DRIVEN BY:
SPRING ONSET (APRIL): OUR LABOR NEED BEGINS IN APRIL WHEN WINTER WEATHER CONDITIONS SUBSIDE ACROSS OUR SERVICE AREAS. DAYLIGHT HOURS INCREASE SIGNIFICANTLY, TEMPERATURES RISE TO LEVELS CONDUCIVE TO OUTDOOR RECREATION ACTIVITIES, AND SPRING BREAK/EARLY TOURISM SEASON COMMENCES. CONSUMER DEMAND FOR AMUSEMENT AND RECREATION SERVICES INCREASES SUBSTANTIALLY AT THIS TIME, DRIVING BUSINESS DEMAND AND NECESSITATING A LARGER WORKFORCE TO MEET OPERATIONAL REQUIREMENTS.
PEAK SEASON (MAY-SEPTEMBER): DEMAND REMAINS ELEVATED THROUGHOUT THE SUMMER MONTHS DUE TO FAVORABLE WEATHER CONDITIONS, EXTENDED DAYLIGHT HOURS, SCHOOL VACATIONS, AND PEAK TOURISM ACTIVITY ACROSS ALL SERVICE LOCATIONSFROM COASTAL WASHINGTON COUNTIES TO NEVADA'S OUTDOOR RECREATION AREAS.
SEASON END (NOVEMBER): OUR NEED FOR SEASONAL WORKERS ENDS IN NOVEMBER WHEN BUSINESS ACTIVITIES DIMINISH DUE TO SHORTENED DAYLIGHT HOURS, ONSET OF WINTER WEATHER CONDITIONS (INCLUDING COLD TEMPERATURES, RAIN, AND SNOW IN VARIOUS LOCATIONS), AND THE CORRESPONDING DECLINE IN CUSTOMER DEMAND FOR OUTDOOR AMUSEMENT AND RECREATION SERVICES FOLLOWING THE FALL SEASON.
THIS SEASONAL PATTERN HAS RECURRED CONSISTENTLY YEAR OVER YEAR AND IS NOT SUBJECT TO UNPREDICTABLE VARIATION. THE TEMPORARY WORKFORCE IS ESSENTIAL TO SATISFY THE ADDED WORK DEMANDS DURING THIS DEFINED SEASONAL PERIOD.
B.□BONA FIDE JOB OPPORTUNITY
BASED ON ANALYSIS OF PRIOR SEASONS AND CURRENT BUSINESS PROJECTIONS FOR THE COMING YEAR, WE ESTIMATE A BONA FIDE BUSINESS NEED FOR 40 SEASONAL WORKERS DURING THE REQUESTED PERIOD OF NEED. THIS IS CONSISTENT WITH OUR MOST RECENT H-2B APPLICATION.
IV.□SUMMARY
IN SUM, SHERRY'S FOOD CONCESSIONS INC. ASSERTS THAT IT HAS A SEASONAL NEED FOR 40 WORKERS FOR THE PERIOD BEGINNING 4/1/2026 AND ENDING 11/30/2026. THIS NEED IS TEMPORARY, PREDICTABLE, RECURRING, AND REPRESENTS BONA FIDE JOB OPPORTUNITIES. ACCORDINGLY, WE ASSERT THAT WE SATISFY THE REGULATORY STANDARDS FOR PARTICIPATION IN THE H-2B PROGRAM.

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ADDENDUM

Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

SATURDAY AND SUNDAY WORK REQUIRED, WHEN NECESSARY. POST-HIRE DRUG TESTING REQUIRED OF FOREIGN AND DOMESTIC WORKERS UPON SUSPICION OF USE. EMPLOYER MAY OFFER MORE THAN THE STATED WORK HOURS DEPENDING ON WEATHER, BUSINESS NEEDS, AND OTHER CONDITIONS. EXTREME HEAT, COLD, RAIN, OR DROUGHT MAY AFFECT EXACT WORKING HOURS. EMPLOYER IS EXEMPT FROM PAYING ANY OVERTIME PER SECTION 13(A)(3) OF THE FAIR LABOR STANDARDS ACT (FLSA) FOR SEASONAL AMUSEMENT AND RECREATIONAL ESTABLISHMENTS.

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ADDENDUM

Section F.d.6: Deductions from Pay

ADDENDUM FOR SECTION F.D.6: DEDUCTIONS FROM PAY

EMPLOYER MAKES ALL PAYROLL DEDUCTIONS REQUIRED BY LAW. EMPLOYER DOES NOT ENVISION OTHER WORKFORCE-WIDE PAYROLL DEDUCTIONS. OPTIONAL LODGING AVAILABLE AT NO COST TO ALL NON-LOCAL WORKERS. EMPLOYER PROVIDES INCIDENTAL TRANSPORTATION BETWEEN WORKSITES AS NECESSARY. EMPLOYER OFFERS FREE DAILY TRANSPORTATION TO/FROM WORKSITE FROM DESIGNATED PICK-UP LOCATION. USE OF TRANSPORTATION IS VOLUNTARY.

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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:*	
Multiple worksites within	ID	BENEWAH COUNTY	ESTERN IDAHO NONMETROPOLI	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	12.88	12.88	Hour
Multiple worksites within	NV	CLARK COUNTY	AS-HENDERSON-NORTH LAS VE	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	14.8	14.8	Hour
Multiple worksites within	NV	ELKO COUNTY	E OF NEVADA NONMETROPOLIT	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	13.87	13.87	Hour
Multiple worksites within	WA	CHELAN COUNTY	ENATCHEE-EAST WENATCHEE, W	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	17.92	17.92	Hour
Multiple worksites within	WA	CLARK COUNTY	AND-VANCOUVER-HILLSBORO, (	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	16.97	16.97	Hour
Multiple worksites within	WA	COWLITZ COUNTY	LONGVIEW-KELSO, WA	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	16.7	16.7	Hour
Multiple worksites within	WA	DOUGLAS COUNTY	ENATCHEE-EAST WENATCHEE, W	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	17.92	17.92	Hour
Multiple worksites within	WA	GRAYS HARBOR COUNTY	WASHINGTON NONMETROPOLI	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	17.36	17.36	Hour
Multiple worksites within	WA	ISLAND COUNTY	WASHINGTON NONMETROPOLI	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	17.36	17.36	Hour
Multiple worksites within	WA	KING COUNTY	EATTLE-TACOMA-BELLEVUE, WA	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	19.6	19.6	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-2B Case Number: H-400-26001-522608 Case Status: _____ Determination Date: _____ Validity Period: _____ to _____

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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:*	
Multiple worksites within	WA	KITSAP COUNTY	RTON-SILVERDALE-PORT ORCHA	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	17.76	17.76	Hour
Multiple worksites within	WA	MASON COUNTY	WASHINGTON NONMETROPOLI	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	17.36	17.36	Hour
Multiple worksites within	WA	OKANOGAN COUNTY	WASHINGTON NONMETROPOLI	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	17.78	17.78	Hour
Multiple worksites within	WA	PIERCE COUNTY	EATTLE-TACOMA-BELLEVUE, W	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	19.6	19.6	Hour
Multiple worksites within	WA	SKAGIT COUNTY	IOUNT VERNON-ANACORTES, W	Various client worksites located within the county	1	40	4/1/2026	11/30/2026	19.15	19.15	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.**

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Form ETA-9142B
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