

CONSENT TO JOIN COLLECTIVE ACTION

By signing and returning this consent form, I consent to:

1. Be a party plaintiff in a lawsuit against Burntwood Tavern Holdings LLC d/b/a Chef Art Pour Restaurant Group LLC, Burntwood Tavern Beachcliff LLC d/b/a Burntwood Tavern Rocky River LLC, Burntwood Tavern Belden Village LLC, Burntwood Tavern Bell Tower LLC, Burntwood Tavern Brecksville LLC, Burntwood Tavern Chagrin Falls LLC, Burntwood Tavern Crocker Park LLC, Burntwood Tavern Cuyahoga Falls, LLC, Burntwood Tavern Daytona LLC, Burntwood Tavern Fairlawn LLC, Burntwood Tavern Grand Oaks LLC, Burntwood Tavern Gulf Coast LLC, Burntwood Tavern Lyndhurst LLC, Burntwood Tavern Naples LLC, Burntwood Tavern North Olmsted LLC, Burntwood Tavern Solon LLC, M Italian LLC, Rose Italian Kitchen Cuyahoga Falls LLC d/b/a Leo's Italian Social, and Rose Italian Kitchen Solon LLC and/or related entities and individuals (collectively, "Defendants") in order to seek damages for alleged violations of the Fair Labor Standards Act, pursuant to 29 U.S.C. § 216(b) and, if applicable, under the supplemental state law claims.
2. Designate the Representative Plaintiffs as my agents to make decisions on my behalf concerning this overtime case against Defendants, including conducting this litigation, settlement negotiations, and all other matters pertaining to these claims against Defendants. I understand that if I file this Consent, I will be bound by the decisions made and agreements entered by the Representative Plaintiff and Class Counsel.
3. I understand that the Representative Plaintiff has entered into a contingency fee agreement with Head Law Firm, LLC ("Class Counsel"), which applies to all plaintiffs who file this consent, and by filing this consent I agree to be bound by such contingency fee agreement. I understand that I may obtain a copy of the contingency fee agreement by requesting it from Class Counsel.
4. *I acknowledge that I will be bound by any judgment or any settlement reached between the Representative Plaintiff and Defendants.* I understand that I will be entitled to share in any class recovery, but if no monetary judgment or settlement is obtained, I will receive nothing.

Full Legal Name (Please PRINT clearly.)

Signature

Date (MM-DD-YYYY)

All information you provide below is for use by the lawyers in this case and will not be filed with the Court.

MAILING ADDRESS (include APT number, if applicable)

CITY

STATE

ZIP/POSTAL CODE

CELL PHONE NUMBER

HOME PHONE NUMBER

PERSONAL EMAIL ADDRESS (We will use this as our primary method to contact you.)

EMERGENCY CONTACT NAME (in case we lose contact with you)

EMERGENCY CONTACT PHONE NUMBER

Do not mail/fax/email a paper Consent to Join form if you submit one online. Your completed claim must be received (or postmarked if mailed) no later than July 27, 2020. If your address changes, please notify the Administrator using one of these contact methods.

by USPS First-Class Mail

by Email

by Fax

**BURNTWOOD TAVERN FLSA
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Questions? Toll free: (844) 755-5801

Docket

Received

Postmarked

361 v1.0

Online Submission