

**PERFORMER CONTRACT**

THIS CONTRACT is for the personal services of musicians on the engagement described below, made this 11<sup>th</sup> day of July, 2012, between the undersigned Purchaser of Music (herein called "Purchaser") and musicians (therein called the "Band"). The musicians are engaged severally on the terms and conditions on the face hereof. The leader represents that the musicians ready designated have agreed to be bound by said terms and conditions. The musicians severally agree to render services under the undersigned leader.

**1. Name of Engagement: Solomon Northup Day Celebration of Freedom**

**Name of Group:** Dan Hubbs      **Band Leader/Event Contact:** Daniel E. Hubbs  
**Location of engagement:** Saratoga Springs Heritage Area Visitor Center  
297 Broadway, Saratoga Springs, NY 12866

**2. Date of engagement:** July 21, 2012 **Starting and finishing times:** 4:00-6:00 PM  
**There is no alternate date in case of inclement weather. Event is "Rain or Shine".**

**3. Set up/Load In/Sound Check time:** 1:00 PM (program begins at 2:00 PM)  
Band will provide all production and lighting. Purchaser will provide tent.

**4. TOTAL WAGE AGREED UPON:** Two Hundred Dollars (\$200.00) Pursuant to City Charter and Warrant procedures, check for full wage will be mailed after next Council meeting following date of services rendered, as long as proper paperwork has been filed with the City of Saratoga Springs.

**5. Purchaser will make payments as follows:** Check. Made Payable to: Daniel E. Hubbs

6. Band shall be responsible for its own personal property. City does not have the capacity to baby-sit musical instruments. Band members have total care, custody and control of instruments in their possession in the performance of this contractual agreement.

7. Agreement of the Band to perform is subject to proven detention by sickness, strikes, adverse weather conditions, acts of God, or any other legitimate condition beyond it's control for which the Band will not be held responsible for any loss incurred by Purchaser as a result thereof. In the event a performance does not occur on the date of the agreement in question, no monies shall be paid to the Band.

8. No performance by the Band pursuant to the contract shall be recorded, reproduced or transmitted from the place of performance without written agreement from the Band.

9. Purchaser warrants that he or she is of legal age and has the right to enter into this contract.

10. The Agreement of the Purchaser to pay wage agreed upon is enforceable if a cancellation by the Purchaser is made within 45 days prior to the engagement listed herein. If a cancellation by the Purchaser is made more than 45 days prior to engagement listed herein, the Purchaser is not responsible to pay wage agreed upon.

11. Band shall provide the services and perform the work described herein as an independent contractor and not as an employee of the City. Band shall secure no rights as an employee under this agreement. Band shall provide a NYS Workers Compensation Approved Waiver.

12. Purchaser will provide extensive promotion of event. Please provide high quality press photos with this agreement.

**Purchaser's Name: Saratoga Springs Heritage Area Visitor Center**

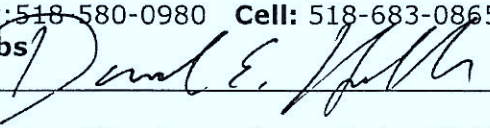
**Signature of Purchaser:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Mayor)*

**Street Address: 297 Broadway City Saratoga Springs State: NY Zip: 12866**

**Phone/Fax:** 518-587-3241 / fax: 518-580-0980 **Cell:** 518-683-0865 (Johnnie Roberts)

**Leader's Name: Daniel E. Hubbs**

**Signature of Leader:**  \_\_\_\_\_ **Date:** 7/12/12

**Street Address:** 11 Cedarwood Drive **City:** Queensbury **State:** NY **Zip:** 12804

**Phone:** 798-2332 **Cell:** \_\_\_\_\_



**Certificate of Attestation of Exemption  
From New York State Workers' Compensation  
and/or Disability Benefits Insurance Coverage**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

**Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.**

<p align="center"><b>In the Application of (Legal Entity Name and Address):</b></p> <p>DAN HUBBS 11 CEDARWOOD DRIVE QUEENSBURY, NY 12804 PHONE: 518-584-7860 FEIN: XXXXX7739</p>	<p align="center"><b>Business Applying For:</b> OTHER: CERTIFICATE OF ATTESTATION OF EXEMPTION</p> <p>From: CITY OF SARATOGA SPRINGS</p>
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**Workers' Compensation Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:  
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

**Disability Benefits Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:  
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, DAN HUBBS, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

<b>SIGN HERE</b>	<b>Signature:</b>	<b>Date:</b>
<b>Exemption Certificate Number 2012-040476</b>		<b>Received July 12, 2012 NYS Workers' Compensation Board</b>

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <span style="font-size: 1.5em; color: blue;">Daniel E. Hubbs</span>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <span style="font-size: 1.2em; color: blue;">11 Cedarwood Drive</span>		Requester's name and address (optional)
City, state, and ZIP code <span style="font-size: 1.2em; color: blue;">Queensbury N.Y. 12804</span>		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
1	3	2	-	5	2	-	7	7	3	9

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-size: 1.5em; color: blue;">Daniel E. Hubbs</span>	Date ▶ <span style="font-size: 1.5em; color: blue;">2/10/12</span>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.