

City Council
John Bendo, President
Karen McInnis, Vice President
Michael Delury
Scott J. Mandel
Elizabeth Treston

City of Long Beach



Parks & Recreation Department

City Manager
Donna M. Gayden

Commissioner of
Parks & Recreation
Joseph Brand

PROPOSAL FOR SERVICES TO BE RENDERED

Name of Organization/ Performer: T'Bazco Road

Name of Official Representative: Brendan Finn

Phone # _____ Cell # [REDACTED] E Mail: skimnstr@aol.com

Address: [REDACTED] Long Beach, NY 11561

Type of Entertainment: Live music performance

Date of Event: 7-7-21 Time of Event: 8:00 pm

Event Location: New York Ave. Choose One: 2 fifty minute sets / 1hr. 40 minutes

Payment cannot be made unless this section is complete

Check is to be made payable to (print clearly) Brendan Finn

Taxpayer ID # _____ or SS # [REDACTED]

I further agree to accept a fee of \$800 per show for one show, which is not to exceed \$800.
Under the conditions of this proposal, I will provide 1hr 40min length of show w/ break.

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video of the performance and grant permission for publication or use of those images.

Please send a Stage Plot and a list of materials that you need the City of Long Beach to supply for this show (i.e. microphones, etc.) Also, include the total number of band members that will be on the stage.

PAYMENT FOR ABOVE SERVICES WILL BE ON THE DAY OF PERFORMANCE UNLESS OTHERWISE SPECIFIED AND AGREED UPON BY BOTH PARTIES. THE CITY RESERVES THE RIGHT TO CANCEL THE CONCERT AT ANY TIME, FOR ANY REASON. PAYMENT WILL ONLY BE MADE IF THE CONCERT IS RESCHEDULED AND THE PERFORMANCE TAKES PLACE.

X Joseph Brand
Commissioner of Parks & Recreation

X Brendan Finn
Performer/ Representative

NOTE: PLEASE RETURN COMPLETED PROPOSAL (with original signature)
PLEASE MAKE A COPY FOR YOUR FILES RETURN THE SIGNED COPIES ASAP TO
LONG BEACH RECREATION DEPARTMENT
SUMMER CONCERT SERIES
700 MAGNOLIA BLVD
LONG BEACH, NEW YORK 11561
ATTN: SARAH NICHOLAS

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PROPOSAL FOR SERVICES TO BE RENDERED

Name of Organization/ Performer: High Tide

Name of Official Representative: Michael Kohn

Phone # [REDACTED] Cell # [REDACTED]

E Mail: goldcoastorchestras@gmail.com

Address: [REDACTED]

Type of Entertainment: Reggae, Calypso, Soca

Date of Event: 7-14-21 Time of Event: 8:00 pm

Event Location: Riverside Blvd. Choose One: 2 fifty minute sets / 1hr. 40 minutes

Payment cannot be made unless this section is complete

Check is to be made payable to (print clearly) Gold Coast Orchestras, LLC

Taxpayer ID # [REDACTED] or SS # [REDACTED]

I further agree to accept a fee of \$1,000 per show for one show, which is not to exceed \$1,000
Under the conditions of this proposal, I will provide _____ length of show w/ break

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video of the performance and grant permission for publication or use of those images.

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X Joseph Brand
Recreation Department Head

X Michael Kohn
Performer / Representative

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PROPOSAL FOR SERVICES TO BE RENDERED

Name of Organization/ Performer: Fog

Name of Official Representative: Scott K. Nigro

Phone # [REDACTED] Cell # [REDACTED]

E Mail: scottnigro@gmail.com

Address: [REDACTED] NY 11561

Type of Entertainment: Musical Performance

Date of Event: 7-28-21 Time of Event: 8:00 pm

Event Location: Neptune Blvd. Choose One: 2 fifty minute sets / 1hr. 40 minutes

Payment cannot be made unless this section is complete

Check is to be made payable to (print clearly) Scott K. Nigro

Taxpayer ID # _____ or SS # [REDACTED]

I further agree to accept a fee of \$700 per show for one show(s), which is not to exceed \$700.
Under the conditions of this proposal, I will provide _____ length of show w/ break.

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video of the performance and grant permission for publication or use of those images.

Please send a Stage Plot and a list of materials that you need the City of Long Beach to supply for this show (i.e. microphones, etc.) Also, include the total number of band members that will be on the stage.

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X Joseph Brand
Commissioner of Parks & Recreation

X [Signature]
Performer/Representative

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PROPOSAL FOR SERVICES TO BE RENDERED

Name of Organization: Real Hot Lanta
Name of Official Representative: Christopher Ryan
Phone # [REDACTED] Cell # [REDACTED] E Mail: realhotlanta@yahoo.com
Address: [REDACTED] ve., Long Beach, NY 11561
Type of Entertainment: Musical Performance
Date of Event: 8-4-21 Time of Event: 8:00 pm
Event Location: Riverside Blvd.

Payment cannot be made unless this section is complete

Check is to be made payable to (print clearly) [REDACTED] Christopher Ryan
Taxpayer ID # _____ or SS # [REDACTED]

I further agree to accept a fee of \$900 per show for one show(s) which is not to exceed \$900.
Under the conditions of this proposal, I will provide _____ length of show w/ break.

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video of the performance and grant permission for publication or use of those images.

Please send a Stage Plot and a list of materials that you need the City of Long Beach to supply for this show (i.e. microphones, etc.) Also, include the total number of band members that will be on the stage.

PAYMENT FOR ABOVE SERVICES WILL BE ON THE DAY OF PERFORMANCE UNLESS OTHERWISE SPECIFIED AND AGREED UPON BY BOTH PARTIES. IN THE EVENT OF INCLEMENT WEATHER, FORCING A CANCELLATION PRIOR TO ACTUAL SET-UP, PAYMENT WILL ONLY BE MADE IF A FUTURE DATE PRESENTS ITSELF TO RESCHEDULE AND YOUR PERFORMANCE TAKES PLACE.

APPROVED BY:

X Joseph Brand
Recreation Department Head

X [Signature]
Performer/Organization

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PROPOSAL FOR SERVICES TO BE RENDERED

Name of Organization: Kathryn Mitchell-Condon

Name of Official Representative: Kathryn Mitchell-Condon

Phone # [REDACTED] Cell # [REDACTED] E Mail: kjmitchellmusic@gmail.com

Address: [REDACTED] Long Beach, NY 11561

Performer: Kate Mitchell

Date of Event: ~~8-27-11~~ 8-18-21 ^(Q12) Time of Event: 8:00 pm

Event Location: New York Avenue

Payment cannot be made unless this section is complete

Check is to be made payable to (print clearly) Kathryn Mitchell-Condon
Taxpayer ID # [REDACTED] or SS # [REDACTED]

I further agree to accept a fee of \$1,100 per show for one show(s) which is not to exceed \$1,100.
Under the conditions of this proposal, I will provide 1 set of the Yumin continuous music

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video of the performance and grant permission for publication or use of those images.

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APPROVED BY:

X Joseph Brand
Commissioner of Parks & Recreation

X [Signature]
Performer/Organization Representative

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PROPOSAL FOR SERVICES TO BE RENDERED

Name of Organization/ Performer: Mary Lamont

Name of Official Representative: Jim Marchese

Phone # Cell #

E Mail: marvlamontband@gmail.com

Address: , Brentwood, NY 11717

Type of Entertainment: Live music performance

Date of Event: 8-25-21 Time of Event: 8:00 pm

Event Location: Riverside Blvd. Choose One: 2 fifty minute sets / 1hr, 40 minutes

Payment cannot be made unless this section is complete

Check is to be made payable to (print clearly) Mary Lamont

Taxpayer ID # or SS #

I further agree to accept a fee of \$900 per show for one show, which is not to exceed \$900.
Under the conditions of this proposal, I will provide 1 hr, 40 min length of show ^{without} ~~with~~ break.

I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video of the performance and grant permission for publication or use of those images.

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X
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