

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: May 6, 2024

Agenda Item: 5F	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: April 17, 2024
Subject: 20 th Annual Irish Italian International Festival	Division: Administration

Background:

The North Myrtle Beach Parks and Recreation Department is requesting approval to conduct the 20th Annual Irish Italian International Festival on Saturday, September 28, 2024.

The event will be held from 10:00 AM until 4:00 PM. Set-up will begin at 6:00 AM and dismantling will start at 4:00 PM.

Please see application, map, and list for street closures attached.

All applicable departments have signed off on the special event via email or verbally.

Recommended Action:

Approve or deny the Special Event Application

Reviewed by Department Head	Reviewed by City Manager	Reviewed by City Attorney
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Council Action:
Motion By _____ 2nd By _____ To _____



FESTIVAL & SPECIAL EVENT DIRECTOR APPROVAL

Festival/Special Event: _____

Date of Event: _____

	Approval	Denial	Method	Date
City Manager/Admin:	_____	_____	_____	_____
Finance:	_____	_____	_____	_____
Human Resources:	_____	_____	_____	_____
Information Technology:	_____	_____	_____	_____
Parks & Recreation:	_____	_____	_____	_____
Planning & Development:	_____	_____	_____	_____
Public Safety:	_____	_____	_____	_____
Public Works:	_____	_____	_____	_____

Date Sent for Director Approval: _____

Any Director Comments: _____

Date for City Council Approval: _____

Certificate of Liability Insurance sent to Risk Manager: _____

Special Event / Festival Permit Application

Instructions

Instructions

To apply for a Special Event / Festival Permit, please complete this application and submit it, including required attachments, to the City of North Myrtle Beach Administration no later than 60 days before your event.

I. Applicant & Sponsoring Organization Information

Sponsoring Organization Name NMB Parks and Recreation

Chief Officer of Organization Matt Gibbons

Applicant Name Angel Sylvester

Address 1030 Possum Trot Rd, NMB, SC 29582

Daytime Phone Number 843-281-3759

Evening Phone Number 843-360-4014

Fax *Field not completed.*

On-Site Contact Person Angel Sylvester

Pager / Cell Phone Number 843-360-4014

Is the city a co-sponsor? Yes

What is the name of the city contact person? Angel Sylvester

II. Event Information

Event Name 20th Annual Irish Italian International Festival

Purpose of Event Community and tourism special event.

Event Date(s) 9/28/2024

Event Date(s) *Field not completed.*

Total Expected Attendance 18000

Location Main Street between Cear Ave and Hillside Drive

Event Hours	10:00 AM - 4:00 PM
Set-Up Hours	6:00 AM - 10:00 AM
Dismantle Hours	4:00 PM - 7:00 PM

List any street(s) you are requesting to be closed as a result of this event. Include street name(s), day, date and time of closing and reopening:

Street One	Main Street; b/t Cedar & Hillside
Date / Time Closed	9/28/2024 6:00 AM
Date / Time Opened	9/28/2024 6:30 PM
Street Two	Main Street: b/t Ash & Cedar
Date / Time Closed	9/28/2024 9:30 AM
Date / Time Opened	9/28/2024 6:30 PM
Street Three	<i>Field not completed.</i>
Date / Time Closed	<i>Field not completed.</i>
Date / Time Opened	<i>Field not completed.</i>
Street Four	<i>Field not completed.</i>
Date / Time Closed	<i>Field not completed.</i>
Date / Time Opened	<i>Field not completed.</i>

III. Event Description

Does the event involve the sale of alcoholic beverages?	No
Has State Permit been applied for or received?	N/A
Will items or services be sold at the event?	Yes
Please describe.	Vendors: arts/crafts, food and festival items.
Will there be musical entertainment at your event?	Yes

Number of Stages	2
Number of Bands	6
Type(s) of Music	variety
Time Music Will Start & Stop	10:00 AM - 4:00 PM
Name of Band(s)	varies
Will there be any tents or canopies at the proposed event site?	Yes
Number of Tents	80+
Will any tent be over 30 by 30 feet in the area?	Yes
How many?	1
Will there be any fireworks associated with this event?	No
Has City Permit been applied for or received?	N/A
Will food be served at this event?	Yes
Please describe.	Food vendors and restaurants.
Have South Carolina Department of Health and Environmental Control (DHEC) requirements been met?	Yes
Permit Number	Application for event authorization will be submitted for food vendors.
Will you provide portable toilets for the general public attending the event?	Yes

Number of Portable Toilets	10
Number of Americans with Disabilities Act (ADA) Accessible Toilets	4
Will you require the use of City electricity?	Yes
Will you require the use of City water?	Yes
Will you require Traffic Control?	Yes
Will you require the use of City Personnel for trash removal?	Yes
Please list any other services you are requesting from the City of North Myrtle Beach.	<i>Field not completed.</i>
IV. Fees & Proceeds	
Is the sponsoring organization a "tax exempt, non-profit" organization as defined by the Internal Revenue Service (IRS)?	Yes
Will admission fees be charged to attend the event?	No
Will fees be charged to vendors to participate in this event?	Yes
Please provide the amount(s).	Food vendors - \$300 Non-Food- \$150 Non-Profit - \$10
If the sponsoring organization is not a "tax exempt, non-profit"	No

organization, will
donations be made to
any charitable
organization(s)?

V. Event Site Map

Prior to issuance of a Festival Permit, you are required to submit a Final Event Site map to the City.

Attach a site map of the proposed event site indicating the locations of the following items: [Irish Italian International Map.pdf](#)

VI. Security

Will this event require security to handle the event? Yes

Security Source City of NMB Police

Address *Field not completed.*

On-Site Contact *Field not completed.*

Phone Number *Field not completed.*

VII. Page Information

Prior to the issuance of a Special Events Permit, proof of insurance will be required.

You must provide an Original Certificate of Insurance showing you have purchased commercial general liability insurance that names "the City of North Myrtle Beach, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. The amount of insurance coverage required will depend on the risk level of the event and will be determined by the City's Risk Management Office depending on the nature of the event, additional coverage may be required.

VIII. Affidavit

Advance cancellation notice required: If this event is cancelled, please call 843-280-5604 with this information. Otherwise, City personnel and equipment may be needlessly dispatched and approvals of your future applications may be jeopardized.

Electronic Signature Agreement	I agree.
Electronic Signature	Angel Sylvester
Date	4/17/2024
Name of Applicant	Angel Sylvester
Title	Special Events/Programs Manager
Applicant Email	lasylvester@nmb.us

Mailing Information

The original application should be clearly printed or typed and mailed to City of North Myrtle Beach, Attention: Administration, Event/Festival Application, 1018 2nd Avenue S, North Myrtle Beach, SC 29582.

Anyone with questions should call Allison Galbreath at 843-280-5604.

