REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: August 19, 2024

Agenda Item: 5B	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: August 5, 2024
Subject: 9-11 Memorial Service	Division: Administration

Background:
The North Myrtle Beach Lions Club is requesting approval for the 9-11 Memorial Service. This event is to be held on Wednesday, September 11, 2024, between the hours of 6:30 PM and 8:30 PM. Set-up will begin at 2:00 PM and dismantling will begin at 8:30 PM.

Please see attached application, map, and street closure list.

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

Recommended Action:
Approve or deny the Special Event Application

Reviewed by Department Head	Reviewed by City Manager	Reviewed by City Attorney

Council Action:
Motion By_____ 2nd By_____ To_____

FESTIVAL & SPECIAL EVENT
DIRECTOR APPROVAL

Festival/Special Event: 9/11 Memorial Service

Date of Event: September 11, 2024

	Approval	Denial	Method	Date
City Manager/Admin:	Yes		Verbal	7.17.2024
Finance:	Yes		Email	7.17.2024
Human Resources:	Yes		Email	7.17.2024
Information Technology:	Yes		Email	7.17.2024
Parks & Recreation:	Yes		Email	7.17.2024
Planning & Development:	Yes		Email	7.17.2024
Public Safety:	Yes		Email	7.17.2024
Public Works:	Yes		Email	7.17.2024

Date Sent for Director Approval: 7.17.2024

Any Director Comments: _____

Date for City Council Approval: 8.19.2024

Certificate of Liability Insurance sent to Risk Manager: _____

Special Event / Festival Permit Application

I. Applicant & Sponsoring Organization Information	
Sponsoring Organization Name	North Myrtle Beach Lions Club
Chief Officer of Organization	Nils Regnell
Applicant Name	Nils Regnell
Address	124 Retreat Place, Little River SC 29566
Daytime Phone Number	843-399-7923
Evening Phone Number	843-399-7923
Fax	*Field not completed.*
On-Site Contact Person	Nils Regnell
Pager / Cell Phone Number	603-769-9363
Is the city a co-sponsor?	Yes
What is the name of the city contact person?	Angel Sylvester
II. Event Information	
Event Name	9/11 Memorial Service
Purpose of Event	To honor the first responders from the attacks in NYC, PA and Washington DC on September 11,2001
Event Date(s)	9/11/2024
Event Date(s)	*Field not completed.*
Total Expected Attendance	1500
Location	Horseshoe NMB
Event Hours	6:30 PM - 8:30 PM
Set-Up Hours	2:00 PM - 6:00 PM

Dismantle Hours	8:30 PM - 9:30 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
Date / Time Closed	9/11/2024 6:00 PM
Date / Time Opened	9/11/2024 8:00 PM
Street Two	Ocean Blvd
Date / Time Closed	9/11/2024 6:30 PM
Date / Time Opened	9/11/2024 8:30 PM
Street Three	*Field not completed.*
Date / Time Closed	*Field not completed.*
Date / Time Opened	*Field not completed.*
Street Four	*Field not completed.*
Date / Time Closed	*Field not completed.*
Date / Time Opened	*Field not completed.*

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?	No
Will there be musical entertainment at your event?	Yes
Number of Stages	1
Number of Bands	1
Type(s) of Music	patriotic

Time Music Will Start & Stop	7:00 PM - 8:00 PM
Name of Band(s)	NMB Community Band
Will there be any tents or canopies at the proposed event site?	No
Will there be any fireworks associated with this event?	No
Has City Permit been applied for or received?	Yes
Will food be served at this event?	No
Have South Carolina Department of Health and Environmental Control (DHEC) requirements been met?	N/A
Will you provide portable toilets for the general public attending the event?	No
Will you require the use of City electricity?	Yes
Will you require the use of City water?	No
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.	Parks and Grounds to place barricades on Main Street and Ocean Blvd.

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?	No
If the sponsoring organization is not a “tax exempt, non-profit” organization, will donations be made to any charitable organization(s)?	No

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:	Map 9_11.pdf

VI. Security

Will this event require security to handle the event?	No

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	Nils Regnell
Date	7/16/2024
Name of Applicant	Nils Regnell
Title	Past President
Applicant Email	nregnell124@gmail.com

P & G

911 Memorial Barricade Placement
Write a description for your map
Legend
Detour
Detour Left
Detour Right
Google Earth