

**REQUEST FOR CITY COUNCIL CONSIDERATION**

Meeting Date: August 19, 2024

Agenda Item: 5E	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: August 7, 2024
Subject: SOS Social Gathering-Columbia Shag Club	Division: Administration

**Background:**

The Association of Carolina Shag Clubs is requesting approval for a social gathering sponsored by the Columbia Shag Club on September 20, 2024. The gathering will be held between the hours of 11:00 AM and 1:00 PM. Set-up will begin at 10:30 AM and dismantling will begin at 1:00 PM.

Please see attached application and map.

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 \_\_\_\_\_ 2<sup>nd</sup> 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 SOS/Association of Carolina Shag Clubs

Chief Officer of Organization Robin Morley

Applicant Name Susan Harrell

Address PO Box 295 Cross Hill SC 29332

Daytime Phone Number 843-455-4009

Evening Phone Number *Field not completed.*

Fax *Field not completed.*

On-Site Contact Person Vickie Sosbee

Pager / Cell Phone Number 803-404-7227

Is the city a co-sponsor? No

### II. Event Information

Event Name Columbia Shag Club Social Gathering

Purpose of Event Social gathering for shag club members

Event Date(s) 9/20/2024

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Event Date(s) *Field not completed.*

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Total Expected Attendance 40

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Location 2nd Ave South Beach Front

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Event Hours 11:00 AM - 1:00 PM

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Set-Up Hours 10:30 AM

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Dismantle Hours 1:00 PM

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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:

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Street One *Field not completed.*

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Date / Time Closed *Field not completed.*

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Date / Time Opened *Field not completed.*

---

Street Two *Field not completed.*

---

Date / Time Closed *Field not completed.*

---

Date / Time Opened *Field not completed.*

---

Street Three *Field not completed.*

---

Date / Time Closed *Field not completed.*

---

Date / Time Opened *Field not completed.*

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Street Four *Field not completed.*

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Date / Time Closed *Field not completed.*

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Date / Time Opened *Field not completed.*

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### III. Event Description

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Does the event involve the sale of alcoholic beverages? No

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Has State Permit been applied for or received? No

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Will items or services be sold at the event? No

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Will there be musical entertainment at your event? Yes

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Number of Stages *Field not completed.*

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Number of Bands *Field not completed.*

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Type(s) of Music DJ

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Time Music Will Start & Stop 11:00 AM - 1:00 PM

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Name of Band(s) *Field not completed.*

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Will there be any tents or canopies at the proposed event site? Yes

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Number of Tents 2

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Will any tent be over 30 by 30 feet in the area? No

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Will there be any fireworks associated with this event? No

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Has City Permit been applied for or received? No

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Will food be served at this event? No

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Have South Carolina Department of Health and Environmental Control (DHEC) requirements been met? No

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Will you provide portable toilets for the general public attending the event? No

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Will you require the use of City electricity? No

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Will you require the use of City water? No

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Will you require Traffic Control? No

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Will you require the use of City Personnel for trash removal? No

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Please list any other services you are requesting from the City of North Myrtle Beach. None Requested

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#### **IV. Fees & Proceeds**

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Is the sponsoring organization a "tax exempt, non-profit" organization as defined by the Internal Revenue Service (IRS)? Yes

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Will admission fees be charged to attend the event? No

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Will fees be charged to vendors to participate in this event? N/A

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If the sponsoring organization is not a “tax exempt, non-profit” organization, will donations be made to any charitable organization(s)? N/A

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## V. Event Site Map

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

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Attach a site map of the proposed event site indicating the locations of the following items: [2ndavesouthbeachfront.jpg](#)

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## VI. Security

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Will this event require security to handle the event? No

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## VII. Page Information

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

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*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*

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Management Office depending on the nature of the event, additional coverage may be required.

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**VIII. Affidavit**

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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.

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Electronic Signature Agreement            I agree.

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Electronic Signature            Susan M Harrell

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Date            7/24/2024

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Name of Applicant            Susan M Harrell

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Title            Representative SOS/ACSC

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Applicant Email            [smharrell54@yahoo.com](mailto:smharrell54@yahoo.com)

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**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.*

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

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8:07

McLean Park

62%



33.817025,-78.674153



Oak Lake Cir

Georgio's Famous Pizza

O D Arcade & Lounge  
Busier than usual

Club Wyndham  
Ocean Boulevard  
Top rated



## Dropped pin

Near 201 S Ocean Blvd, North M...



Directions



Start



Save

