

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: August 19, 2024

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

Background:

The Association of Carolina Shag Clubs is requesting approval for a social gathering sponsored by the CSRA Shag Club on September 20, 2024. The gathering will be held between the hours of 2:00 PM and 4:00 PM. Set-up will begin at 1:30 PM and dismantling will begin at 4:00 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 _____ 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 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 Aaron Dobbs

Pager / Cell Phone Number 706-359-1554

Is the city a co-sponsor? No

II. Event Information

| | |
|--|---|
| Event Name | CSRA Shag Club Social Gathering |
| Purpose of Event | Shag club members to meet and socialize |
| Event Date(s) | 9/20/2024 |
| Event Date(s) | <i>Field not completed.</i> |
| Total Expected Attendance | 60 |
| Location | Beach front, in front of Ocean Bay |
| Event Hours | 2:00 PM - 4:00 PM |
| Set-Up Hours | 1:30 PM |
| Dismantle Hours | 4:00 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 | <i>Field not completed.</i> |
| Date / Time Closed | <i>Field not completed.</i> |
| Date / Time Opened | <i>Field not completed.</i> |
| Street Two | <i>Field not completed.</i> |
| Date / Time Closed | <i>Field not completed.</i> |
| Date / Time Opened | <i>Field not completed.</i> |
| Street Three | <i>Field not completed.</i> |

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? No

Will items or services be sold at the event? No

Will there be musical entertainment at your event? Yes

Number of Stages *Field not completed.*

Number of Bands *Field not completed.*

Type(s) of Music DJ

Time Music Will Start & Stop 2:00 PM - 4:00 PM

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

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

Number of Tents 2

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

Will there be any fireworks associated with this event? No

Has City Permit been applied for or received? No

Will food be served at this event? No

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

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

Will you require the use of City electricity? No

Will you require the use of City water? No

Will you require Traffic Control? No

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

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

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? N/A

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:

[Oceanbay_20240723_200816_Maps 1.jpg](#)

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 Susan M Harrell

Date 7/24/2024

Name of Applicant Susan M Harrell

Title ACSC Representative

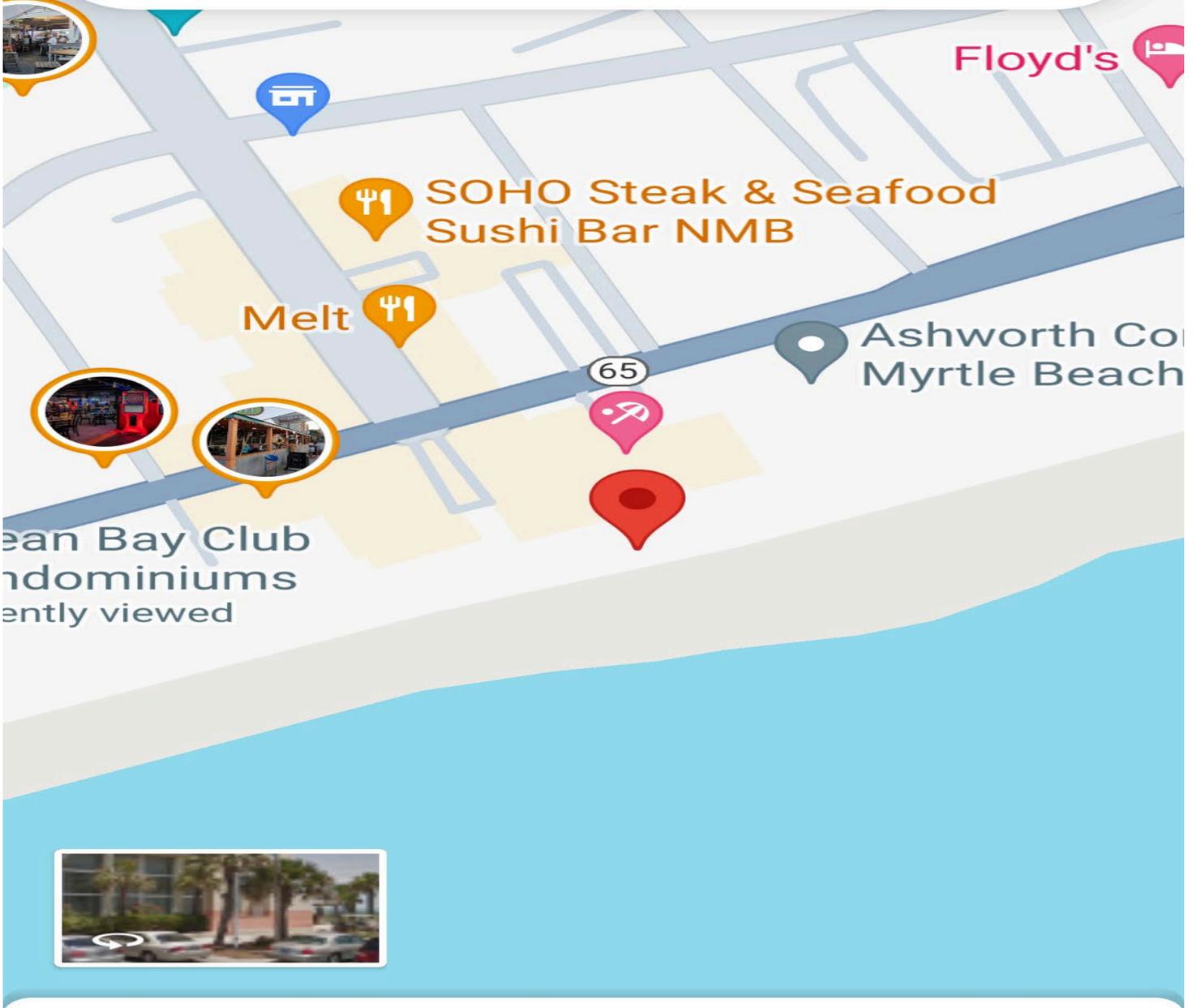
Applicant Email smharrell54@yahoo.com

8:08

61%



33.817966,-78.671341



Dropped pin

Near 98 N Ocean Blvd, North My...



 **Directions**

 **Start**

 **Save**

