REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: August 19, 2024

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

Background:

The Association of Carolina Shag Clubs is requesting approval for a social gathering sponsored by the Rock Hill Shag Club on September 20, 2024. The gathering will be held between the hours of 1:00 PM and 5:00 PM. Set-up will begin at 12:30 AM and dismantling will begin at 5:00 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: Rock Hill Shag Club Social Gathering

Date of Event: September 20, 2024

	Approval	Denial	Method	Date
City Manager/Admin:	Yes		Verbal	8.06.2024
Finance:	Yes		Email	8.12.2024
Human Resources:	Yes		Email	8.12.2024
Information Technology:	Yes		Email	8.12.2024
Parks & Recreation:	Yes		Email	8.12.2024
Planning & Development:	Yes		Email	8.12.2024
Public Safety:	Yes		Email	8.12.2024
Public Works:	Yes		Email	8.12.2024

Date Sent for Director Approval: 8.12.2024

Any Director Comments: _____

_____

_____

_____

Date for City Council Approval: 8.19.2024

Certificate of Liability Insurance sent to Risk Manager: _____

Special Event / Festival Permit Application

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	Debbie Brown
Pager / Cell Phone Number	803-242-6104
Is the city a co-sponsor?	No

II. Event Information

Event Name	Rock Hill Shag Club Social Gathering
Purpose of Event	Social gathering for shag club members

Event Date(s)	9/20/2024
Event Date(s)	*Field not completed.*
Total Expected Attendance	100
Location	Beach front behind Ocean Bay
Event Hours	1:00 PM - 5:00 PM
Set-Up Hours	12:30 PM
Dismantle Hours	5:00 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	*Field not completed.*
Date / Time Closed	*Field not completed.*
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.*
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	1:00 PM - 5:00 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)?	N/A

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.

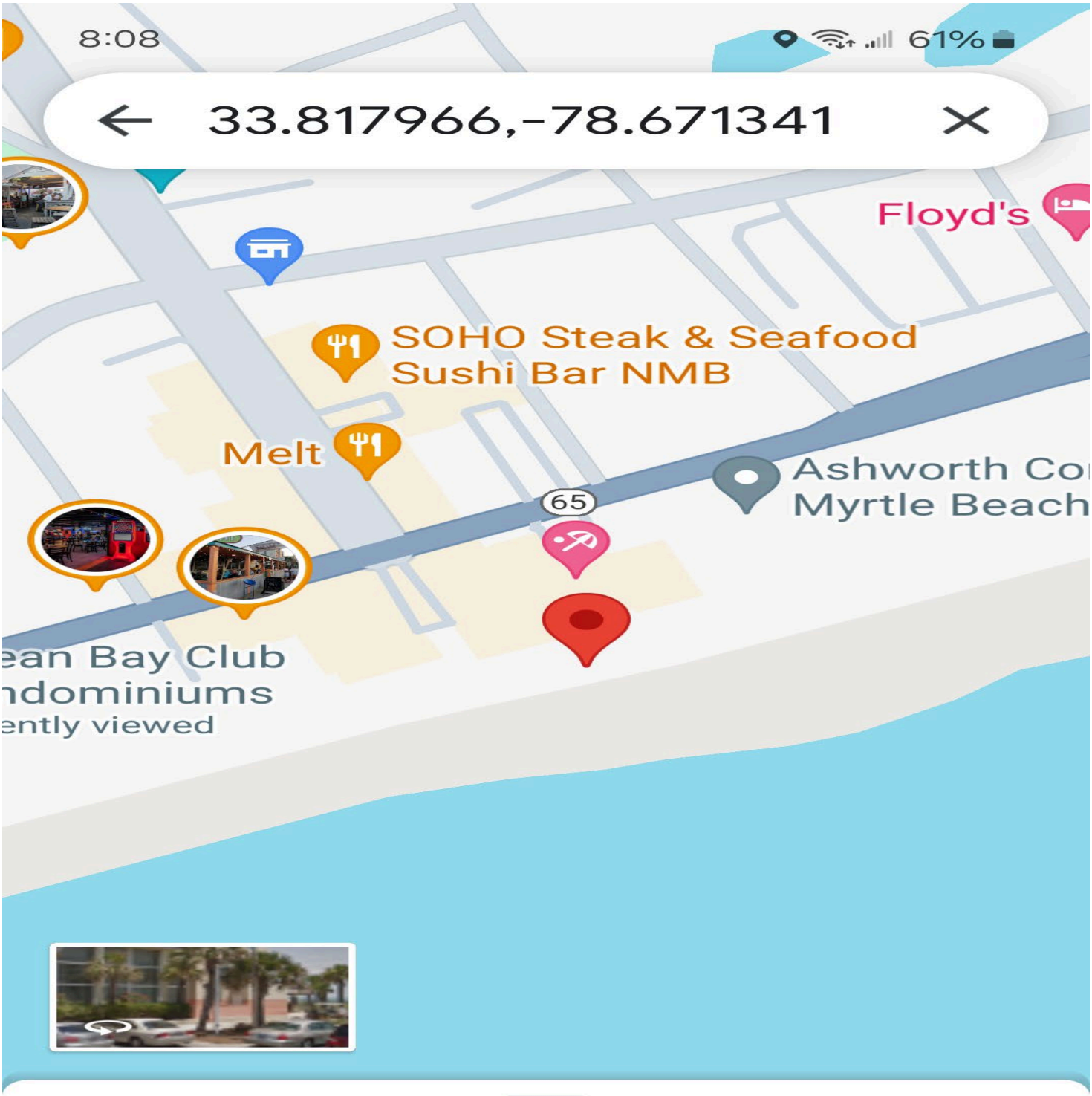
VIII. Affidavit

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/SOS Representative
Applicant Email	smharrell54@yahoo.com

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.



Dropped pin

Near 98 N Ocean Blvd, North My...

Directions

Start

Save