

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: April 7, 2025

Agenda Item: 5D	Prepared for: Ryan Fabbri, Interim City Manager
Agenda Section: Consent: Motion to Approve	Date: March 4, 2025
Subject: Pink Ribbon Run	Division: Administration

Background:

Coastal Race Productions is requesting approval for the Pink Ribbon Run on September 27, 2025. The event will be held between the hours of 7:00 AM and 10:30 AM. Set-up will begin at 3:30 AM, and dismantling will begin at 10:00 AM.

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 Interim City Manager	Reviewed by City Attorney
Council Action: Motion By _____ 2 nd 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: _____

I. Applicant & Sponsoring Organization Information

Sponsoring Organization Name Coastal Race Productions

Chief Officer of Organization JoJo Terragna

Applicant Name JoJo Terragna

Address 620 Eastwood Park Rd 20C Sunset Beach NC 28468

Daytime Phone Number

[REDACTED]

Evening Phone Number same

Fax *Field not completed.*

On-Site Contact Person David Hutnik

Pager / Cell Phone Number

[REDACTED]

Is the city a co-sponsor? Yes

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

II. Event Information

Event Name Pink Ribbon Run

Purpose of Event Raising awareness and funds for Breast Cancer.

Event Date(s) 9/27/2025

Event Date(s) 9/27/2025

Total Expected Attendance 1300

Location Barefoot Resort Community

Event Hours 7:00 AM - 10:30 AM

Set-Up Hours 3:30 AM - 7:00 AM

Dismantle Hours 10:00 AM - 11:00 AM

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 Doveshell Dr

Date / Time Closed 9/27/2025 6:45 AM

Date / Time Opened 9/27/2025 10:30 AM

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? N/A

Will items or services be sold at the event? Yes

Please describe. Running related items for sale and/or donation

Will there be musical entertainment at your event? Yes

Number of Stages 1

Number of Bands 1

Type(s) of Music DJ - Music/Race Announcing

Time Music Will Start & Stop 6:00 AM - 10:30 AM

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

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

Number of Tents 5

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? N/A

Will food be served at this event? Yes

Please describe. Water, Bagels, Bananas at the finish line area.

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? Yes

Number of Portable Toilets 1 per 75 participants.

Number of Americans with Disabilities Act (ADA) Accessible Toilets *Field not completed.*

Will you require the use of City electricity? No

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. *Field not completed.*

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? Yes

Please provide the amount(s). \$19 - \$89

Will fees be charged to vendors to participate in this event? Yes

Please provide the amount(s). \$250 - \$2500

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

Please list the names of the organization(s) and the expected amount of donation. Caring In Our Lifetime

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: [2025 PINK RIBBON RUN.png](#)

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.

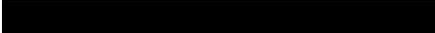
Electronic Signature Agreement	I agree.
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Electronic Signature	JoJo Terragna
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Date	3/4/2025
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Name of Applicant	JoJo Terragna
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Title	Owner Race Director
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Applicant Email	
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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.

