

**REQUEST FOR CITY COUNCIL CONSIDERATION**

Meeting Date: May 5, 2025

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| Agenda Item: 5F  | Prepared for:<br>Ryan Fabbri, Interim City Manager |
| Agenda Section:<br>Consent: Motion to Approve                | Date: April 16, 2025                               |
| Subject:<br>21st Annual Irish Italian International Festival | Division: Administration                           |

**Background:**

The North Myrtle Beach Parks and Recreation Department is requesting approval to conduct the 21st Annual Irish Italian International Festival on Saturday, September 27, 2025.

The event will be held from 10:00 AM until 4:00 PM. Set-up will begin at 6:00 AM and dismantling will start at 4:00 PM.

Please see application, map, and list for street closures attached.

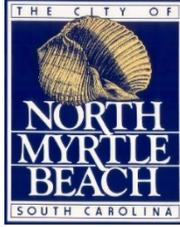
All applicable departments have signed off on the special event via email or verbally.

**Recommended Action:**

Approve or deny the Special Event Application

|                             |                                     |                           |
|-----------------------------|-------------------------------------|---------------------------|
| Reviewed by Department Head | Reviewed by Interim<br>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                      City of North Myrtle Beach Parks and Recreation

Chief Officer of Organization                      Matt Gibbons

Applicant Name                      Angel Sylvester

Address                      1030 Possum Trot Road NMB, SC 29582

Daytime Phone Number                      

Evening Phone Number                      *Field not completed.*

Fax                      *Field not completed.*

On-Site Contact Person                      Angel Sylvester

Pager / Cell Phone Number                      

Is the city a co-sponsor?    Yes

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

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## II. Event Information

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Event Name 21st Annual Irish Italian International Festival

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Purpose of Event Community and tourism special event.

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Event Date(s) 9/27/2025

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Event Date(s) *Field not completed.*

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Total Expected Attendance 18000

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Location Main Street between Hillside Drive and Cedar Ave

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Event Hours 10:00 AM - 4:00 PM

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Set-Up Hours 6:00 AM - 10:00 AM

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Dismantle Hours 4:00 PM - 6:30 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 Main Street; b/t Cedar & Hillside

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Date / Time Closed 9/27/2025 6:00 AM

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Date / Time Opened 9/27/2025 6:30 PM

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Street Two *Field not completed.*

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Date / Time Closed *Field not completed.*

---

Date / Time Opened *Field not completed.*

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Street Three *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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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? N/A

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Will items or services be sold at the event? Yes

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Please describe. Vendors; arts/crafts, food and festival items.

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|   |                    |
|---|--------------------|
| Will there be musical entertainment at your event?              | Yes                |
| Number of Stages  | 2                  |
| Number of Bands   | 6                  |
| Type(s) of Music  | variety            |
| Time Music Will Start & Stop                                    | 10:00 AM - 4:00 PM |
| Name of Band(s)   | Varies             |
| Will there be any tents or canopies at the proposed event site? | Yes                |
| Number of Tents   | 80+                |
| Will any tent be over 30 by 30 feet in the area?                | Yes                |
| How many?   | 1                  |
| 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

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Please describe. Food vendors

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Have South Carolina Department of Health and Environmental Control (DHEC) requirements been met? Yes

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Permit Number Application for event authorization will be submitted for food vendors.

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Will you provide portable toilets for the general public attending the event? Yes

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Number of Portable Toilets 10

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Number of Americans with Disabilities Act (ADA) Accessible Toilets 4

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Will you require the use of City electricity? Yes

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Will you require the use of City water? Yes

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Will you require Traffic Control? Yes

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Will you require the use of City Personnel for trash removal? Yes

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Please list any other services you are requesting from the City of North Myrtle Beach. Parks and Grounds with road closures and stage set up.

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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? Yes

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Please provide the amount(s). \$10 - \$300 depending on type of vendor

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If the sponsoring organization is not a "tax exempt, non-profit" No

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organization, will  
donations be made to  
any charitable  
organization(s)?

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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 [Irish Italian International Map.pdf](#)  
proposed event site  
indicating the locations  
of the following items:

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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*

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*event and will be determined by the City's Risk 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      Angel Sylvester

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Date      4/8/2025

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Name of Applicant      Angel Sylvester

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Title      Special Events and Programs Manager

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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.*

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