

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: July 21, 2025

Agenda Item: 5F	Prepared for: Ryan Fabbri, City Manager
Agenda Section: Consent: Motion to Approve	Date: July 11, 2025
Subject: SOS Fun Monday	Division: Administration

Background:

The SOS Foundation is requesting approval for their SOS Fun Monday. This event is to be held on Monday, September 15, 2025, between the hours of 12:00 PM and 5:30 PM. Set-up will begin at 6:00 AM and dismantling will begin at 5:30 PM.

Please see attached application, map, and street closure list.

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
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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: _____

Total Expected Attendance 1000

Location Main Street

Event Hours 12:00 PM - 5:30 PM

Set-Up Hours 6:00 AM

Dismantle Hours 5:30 PM - 8:00 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 Main St from Hillside to Ocean Blvd

Date / Time Closed 9/15/2025 6:00 AM

Date / Time Opened 9/15/2025 8:00 PM

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? No

Will there be musical entertainment at your event? Yes

Number of Stages 1

Number of Bands 3

Type(s) of Music Beach/Shag

Time Music Will Start & Stop 12:00 PM - 5:30 PM

Name of Band(s) The Swingin Medallions
East Coast Party Band featuring Jackie Gore
Gary Lowder & Smokin Hot

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? Yes

Will food be served at this event? No

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? No

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. We will hire 3 NMB off duty officers thru Officer Trak

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:

[17506962740821368093386211686331.jpg](#)

VI. Security

Will this event require security to handle the event?

Yes

Security Source

Officer Trak

Address

Field not completed.

On-Site Contact

Kevin Harrell

Phone Number

[REDACTED]

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

Electronic Signature
Agreement

I agree.

Electronic Signature

Susan M Harrell

Date

6/23/2025

Name of Applicant

Susan M Harrell

Title

SOS Enhancement Committee Representative

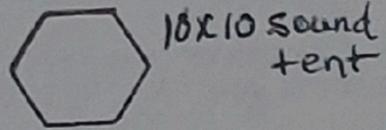
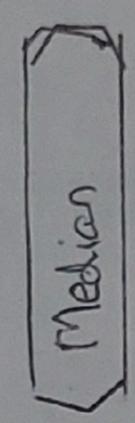
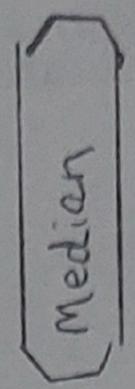
Applicant Email

[REDACTED]

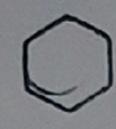
— = Barricades
⬡ = Tents

Hillside Dr.

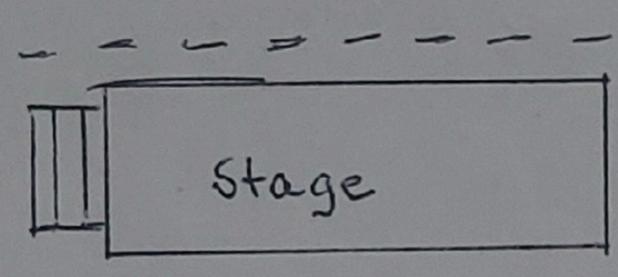
Barricades



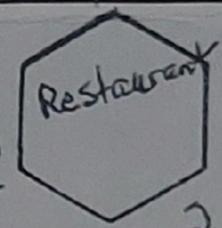
10x10 tent.



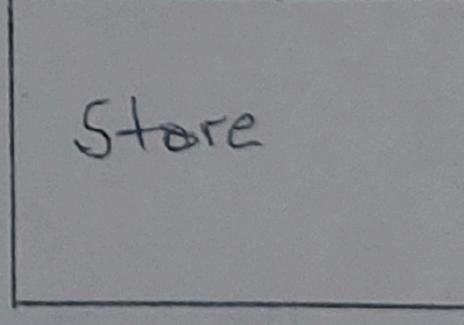
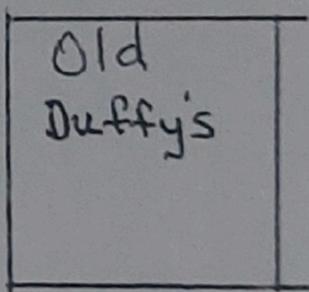
Sidewalk



Sidewalk



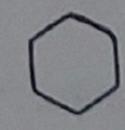
2 Existing Restaurants



(2) 10x10 tents At Medician



10x10 Tent



Barricades

Ocean Blvd.

Horseshoe

Ducks

Fat Harolds

Store

Old Duffy's

Store