REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: August 18, 2025

Agenda Item: 5C	Prepared for: Ryan Fabbri, City Manager
Agenda Section: Consent: Motion to Approve	Date: August 11, 2025
Subject: 9-11 Memorial Service	Division: Administration

Background:
The North Myrtle Beach Lions Club is requesting approval for the 9-11 Memorial Service. This event is to be held on Thursday, September 11, 2025, between the hours of 6:00 PM and 7:00 PM. Set-up will begin at 2:00 PM, and dismantling will begin at 9:30 PM.

Please see the 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: 9-11 Memorial Service

Date of Event: September 11, 2025

	Approval	Denial	Method	Date
City Manager/Admin:	Yes		Verbal	8.5.2025
Finance:	Yes		Email	8.6.2025
Human Resources:	Yes		Email	8.5.2025
Information Technology:	Yes		Email	8.5.2025
Parks & Recreation:	Yes		Email	8.5.2025
Planning & Development:	Yes		Email	8.5.2025
Public Safety:	Yes/Yes		Email	8.7.2025
Public Works:	Yes		Email	8.7.2025

Date Sent for Director Approval: 8.5.2025

Any Director Comments: _____

Date for City Council Approval: 8.18.2025

Certificate of Liability Insurance sent to Risk Manager: _____

Special Event / Festival Permit Application

Instructions

I. Applicant & Sponsoring Organization Information	
Sponsoring Organization Name	North Myrtle Beach Lions Club
Chief Officer of Organization	Nils Regnell
Applicant Name	Nils Regnell
Address	[redacted]
Daytime Phone Number	[redacted]
Evening Phone Number	[redacted]
Fax	*Field not completed.*
On-Site Contact Person	Nils Regnell
Pager / Cell Phone Number	[redacted]
Is the city a co-sponsor?	Yes
What is the name of the city contact person?	Angel Sylvester
II. Event Information	
Event Name	9/11 Memorial Service
Purpose of Event	To honor the first responders from the attacks in NYC, PA and Washington DC on September 11, 2001
Event Date(s)	9/11/2025
Event Date(s)	*Field not completed.*
Total Expected Attendance	1500

Location	Horseshoe NMB
Event Hours	6:00 PM - 7:00 PM
Set-Up Hours	2:00 PM - 6:00 PM
Dismantle Hours	9:30 PM - 10:00 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 Street
Date / Time Closed	9/11/2025 4:00 PM
Date / Time Opened	9/11/2025 9:30 PM
Street Two	Ocean Blvd
Date / Time Closed	9/11/2025 5:00 PM
Date / Time Opened	9/11/2025 9:30 PM
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?	Yes
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	1
Type(s) of Music	Patriotic
Time Music Will Start & Stop	*Field not completed.*
Name of Band(s)	Embers featuring Craig Woolard
Will there be any tents or canopies at the proposed event site?	Yes
Number of Tents	1
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	No

general public attending the event?	
Will you require the use of City electricity?	Yes
Will you require the use of City water?	Yes
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?	No
Will fees be charged to vendors to participate in this event?	No
If the sponsoring organization is not a “tax exempt, non-profit” organization, will donations be made to	No

any charitable organization(s)?	

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:	Map 9_11.pdf

VI. Security

Will this event require security to handle the event?	Yes
Security Source	NMB Police
Address	*Field not completed.*
On-Site Contact	*Field not completed.*
Phone Number	*Field not completed.*

VII. Page Information

VIII. Affidavit

Electronic Signature Agreement	I agree.
Electronic Signature	Nils Regnell
Date	7/9/2025
Name of Applicant	Nils Regnell
Title	Past President
Applicant Email	[redacted]

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911 Memorial Barricade Placement
Write a description for your map
Legend
Detour
Detour Left
Detour Right
Google Earth