

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: February 16, 2026

Agenda Item: 5E	Prepared for: Ryan Fabbri, City Manager
Agenda Section: Consent: Motion to Approve	Date: January 12, 2026
Subject: Pink Ribbon Run	Division: Administration

Background:

Coastal Race Productions is requesting approval for the Pink Ribbon Run on September 26, 2026. The event will be held between the hours of 7:00 AM and 10:30 AM. Set-up will begin at 3:00 AM, and dismantling will begin at 10:30 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 City Manager	Reviewed by City Attorney
-----------------------------	--------------------------	---------------------------

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: _____

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 Coastal Race Productions

Chief Officer of Organization Johnna Terragna

Applicant Name Johnna Terragna

Address

[REDACTED]

Daytime Phone Number

[REDACTED]

Evening Phone Number

[REDACTED]

Fax

Field not completed.

On-Site Contact Person David Hutnik

Pager / Cell Phone Number

Field not completed.

Is the city a co-sponsor? Yes

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

II. Event Information

Event Name Pink Ribbon Run

Purpose of Event To raise awareness and funds to support local families dealing with the financial affects of cancer.

Event Date(s) 9/26/2026

Event Date(s) *Field not completed.*

Total Expected Attendance 1500

Location 2314 Doveshell Dr, North Myrtle Beach, SC 29582

Event Hours 7:00 AM - 10:30 AM

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

Dismantle Hours 10:30 AM - 11:30 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 (One Lane)

Date / Time Closed 9/26/2026 6:45 AM

Date / Time Opened 9/26/2026 10:30 AM

Street Two Village Crossing Rd between Harbour Pointe Dr and Barefoot Resort Bridge Rd (North Bound Lanes at the start of each race and just one lane of the southbound side throughout the morning)

Date / Time Closed 9/26/2026 7:00 AM

Date / Time Opened 9/26/2026 10:30 AM

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	7:00 AM - 10:30 AM
Name of Band(s)	Steven Mullins
Will there be any tents or canopies at the proposed event site?	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?	No
Have South Carolina Department of Health and Environmental	N/A

Control (DHEC) requirements been met?

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

Number of Portable Toilets 1 per 75

Number of Americans with Disabilities Act (ADA) Accessible Toilets 1

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)?

No

Will admission fees be charged to attend the event?

Yes

Please provide the amount(s).

\$19 - \$89 on a sliding scale

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

Caring in our Lifetime

the expected amount of donation.

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 [2025 PINK RIBBON RUN-2.png](#) proposed event site indicating the locations of the following items:

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 Johnna Terragna

Date 1/3/2026

Name of Applicant Johnna Terragna

Title Owner | Race Director

Applicant Email 

DOVESHELL DR

LIGHTNING WHELK CT

SPOT I

THORNY OYSTER WAY

COASTAL RACE TRAILER

PORTAJONS

AWARD

VENDORS

MOONSHELL DR

EMT

START

FINISH

