

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: April 19, 2021

Agenda Item: 5C	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: April 6, 2021
Subject: BFF Pink Ribbon Run	Division: Administration

Background:

Coastal Race Productions and Grand Strand Running Club (GSRC) is requesting approval to conduct the BFF Pink Ribbon Run on Saturday, September 25, 2021 between the hours of 7:30 am and 11:00 am. Set-up would begin at 5:00 am and dismantling would begin at 11:00 am.

Coastal Race Productions and GSRC is requesting Harbor Point Drive between village Crossing and Premier Resort Boulevard be closed on Saturday, September 25, 2021, between 5:30 am and 11:30 am.

Please see original application attached.

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

Recommended Action:

Approve the Festival & 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: _____

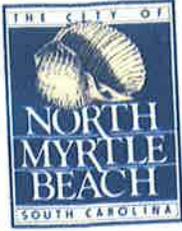
	Approval	Denial	Method	Date
Finance:	_____	_____	_____	_____
Human Resources:	_____	_____	_____	_____
Information Technology:	_____	_____	_____	_____
Parks & Recreation:	_____	_____	_____	_____
Planning & Development:	_____	_____	_____	_____
Public Safety:	_____	_____	_____	_____
Public Works:	_____	_____	_____	_____

Date Sent for Director Approval: _____

Any Director Comments: _____

Date for City Council Approval: _____

Certificate of Liability sent to Risk Manager: _____



PERMIT # _____

**City of North Myrtle Beach
Special Event/Festival Permit Application**

Instructions: To apply for a Festival Permit, please complete this application and submit it, including required attachments, to the City of North Myrtle Beach Administration no later than sixty (60) days before your event.

I. APPLICANT AND SPONSORING ORGANIZATION INFORMATION

SPONSORING ORGANIZATION NAME: Coastal Race Productions / YSRC

CHIEF OFFICER OF ORGANIZATION: Johanna (Jodi) Terragna

APPLICANT NAME: Johanna (Jodi) Terragna

ADDRESS: 9138 Devaux Park Palabaco NC 28467

DAYTIME PHONE: 910-713-3331 EVENING PHONE: Same FAX: _____

ON-SITE CONTACT PERSON: David Hutnik PAGER/CELL PHONE: 9103637776

(NOTE: This person must be in attendance for the duration of the event and until last vendor leaves and immediately available to City officials.)

YES NO N/A

IS THE CITY A CO-SPONSOR?

WHAT IS THE NAME OF THE CITY CONTACT PERSON? Gregg Barnhill

II. EVENT INFORMATION

EVENT NAME: B77 Pink Ribbon Run

PURPOSE OF EVENT: Raise awareness + funds for Breast Cancer

EVENT DATE(S): 9/25/21 TOTAL EXPECTED ATTENDANCE: 1200

LOCATION: Barefoot Landing

EVENT HOURS: 7:30-11:00 Am

SET-UP HOURS: 5:00-7:30 Am

SMANTLE HOURS: 11:00-12:00
(Includes same-day clean-up of all trash and debris generated by event)

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 (specify between X and Y Streets)

Date/Time Closed

Date/Time Opened

1. Harbour Ptde. (Between Village Crossing / Premier Resort Blvd 9/25/21 5:30-11:30)
2. _____
3. _____
4. _____

III. EVENT DESCRIPTION

YES NO N/A

Does the event involve the sale of alcoholic beverages? If "YES", please describe.

Has State Permit been applied for or received?

Will items or services be sold at the event? If "YES", please describe.

Will there be musical entertainment at your event? If "YES", please provide the following info:
Number of Stages: 1 Number of Band(s): _____ Type(s) of Music: DJ
Time(s) Music will start and stop. Running Music / Race Announcing
Name of Band(s): _____
(Attach additional sheet if necessary).

Will there be any tents or canopies at the proposed event site? If "YES": No. of tents _____
Will any tent be over 30' by 30' in the area? _____ (how many?) _____

Will there be any amusement or carnival type rides at your event? If "YES", please describe.

Will there be any fireworks associated with this event? If "YES", please describe.
Name of Fireworks Company _____ Phone _____

Has State and City Permit applied for or received?

Will food be served at this event? If "YES", please describe. _____

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have DHEC requirements been met? Permit number _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will you provide portable toilets for the general public attending the event? If "YES", number of Portable Toilets <u>1 per 50 people</u> number of ADA Accessible Toilets <u>1</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will you require the use of City electricity? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Will you require the use of City water? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will you require Traffic Control? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will you require the use of City Personnel for Trash Removal? |

Please list any other services you are requesting from the City of North Myrtle Beach. _____

IV. FEES AND PROCEEDS

- | YES | NO | N/A | |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the SPONSORING ORGANIZATION a "Tax Exempt, non-profit" organization as defined by the IRS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will admission fees be charged to attend the event? If "YES", please provide amount(s) of all tickets. <u>Registration Fee</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will fees be charged to vendors to participate in this event? If "YES", please provide amount(s).
_____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If the SPONSORING ORGANIZATION is not a "Tax Exempt, non-profit" organization, will donations be made to any charitable organization(s)? If "YES", please list the names of the organization(s) and the expected amount of donation. <u>Caring in our Lifetime Coping Together are 2 local Breast Cancer groups supporting those in our community</u> |

V. EVENT SITE MAP (Attachment)

REQUIRED: Attach a site map of the proposed event site indicating the locations of the following items:

- | | |
|---|---|
| 1. Fencing, Barriers and/or Barricades | 9. Trash Receptacles or Dumpsters |
| 2. Gates or points of Admission | 10. Locations(s) of Portable Generator(s) |
| 3. Scaffolding, Bleachers, Stages or Related Structures | 11. Points of Connection to City Water |
| 4. Alcohol Outlets | 12. Points of Connection to City Electric |
| 5. Food and Beverage Vendors | 13. Tables and Chairs |
| 6. Portable and Permanent Toilets | 14. Vehicles and/or Trailers |
| 7. First Aid Facilities | 15. Location of Vendor Parking |
| 8. Canopies or Tent Locations | 16. Other Components Not Covered Above |
| | 17. Amusement or Carnival Type Rides |

(Prior to issuance of a FESTIVAL PERMIT, you are required to submit a FINAL EVENT SITE map to the City.)

VI. SECURITY

YES NO N/A

Will this event require security to handle the event? If so,

Security Source: _____

Address: _____

On-site Contact: _____ Phone No. _____

VII. INSURANCE INFORMATION

> **REQUIRED:** 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) 280-5555 with this information. Otherwise, City personnel and equipment may be needlessly dispatched and approvals of your future applications may be jeopardized.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge. That I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event established by the City Council and/or the City Manager or the City Manager's designee. I agree to abide by these rules, and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be insured by or on behalf of the Event by the City of North Myrtle Beach.

Name of Applicant (print) Johnna Terragna Title Race Director
Johnna Terragna Date 1-1-21
Signature of Applicant

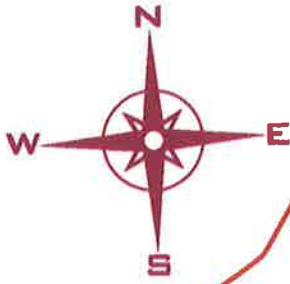
ORIGINAL APPLICATION SHOULD BE CLEARLY PRINTED OR TYPED AND MAILED TO:

City of North Myrtle Beach
Attention: Administration, Event/Festival Application
1018 2nd Avenue South
North Myrtle Beach, SC 29582

Anyone with questions should contact Debbie Brown at (843) 283-5555

BFF Pink Ribbon Run

COURSE MAP



10 KILOMETER

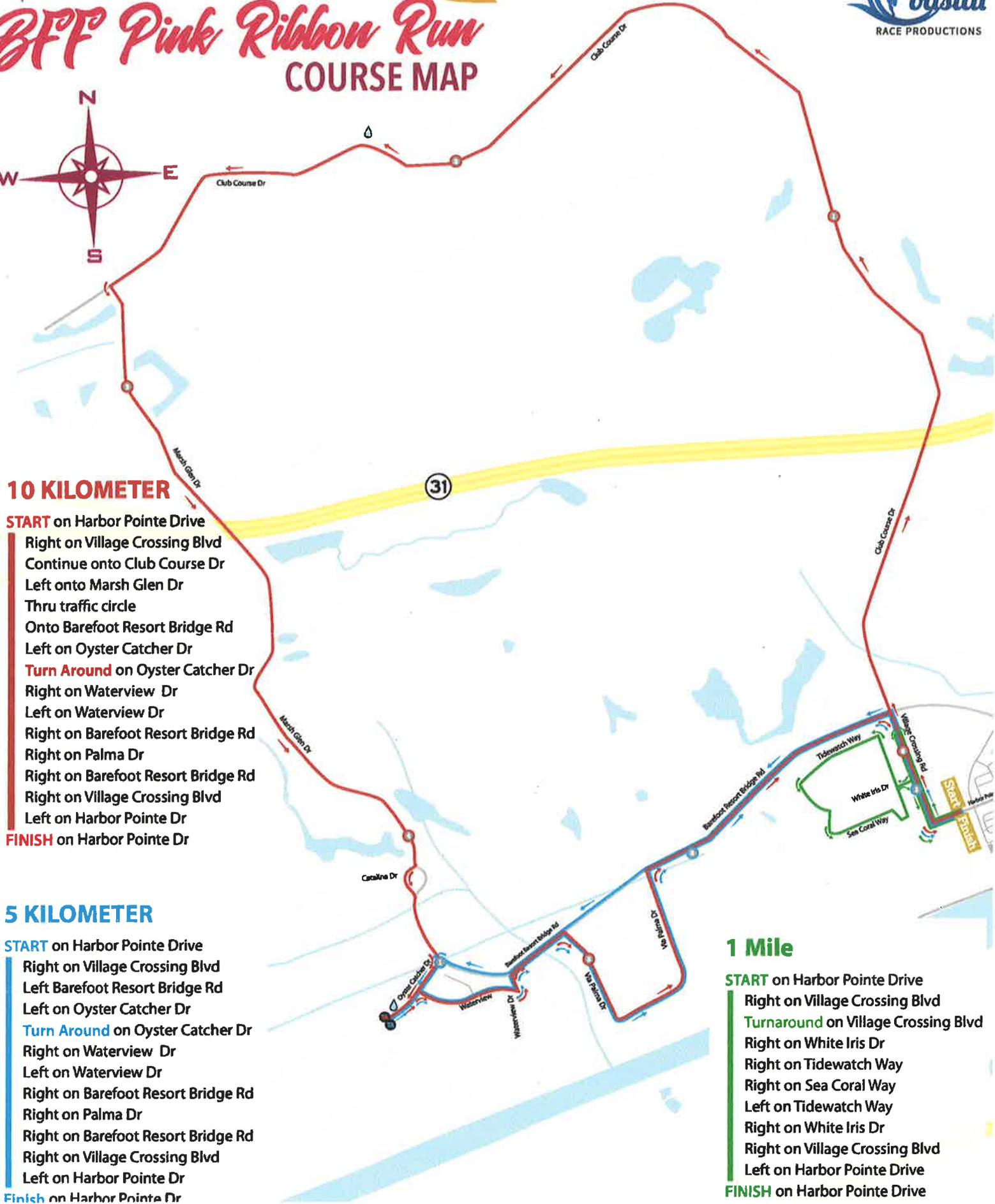
- START** on Harbor Pointe Drive
 Right on Village Crossing Blvd
 Continue onto Club Course Dr
 Left onto Marsh Glen Dr
 Thru traffic circle
 Onto Barefoot Resort Bridge Rd
 Left on Oyster Catcher Dr
Turn Around on Oyster Catcher Dr
 Right on Waterview Dr
 Left on Waterview Dr
 Right on Barefoot Resort Bridge Rd
 Right on Palma Dr
 Right on Barefoot Resort Bridge Rd
 Right on Village Crossing Blvd
 Left on Harbor Pointe Dr
FINISH on Harbor Pointe Dr

5 KILOMETER

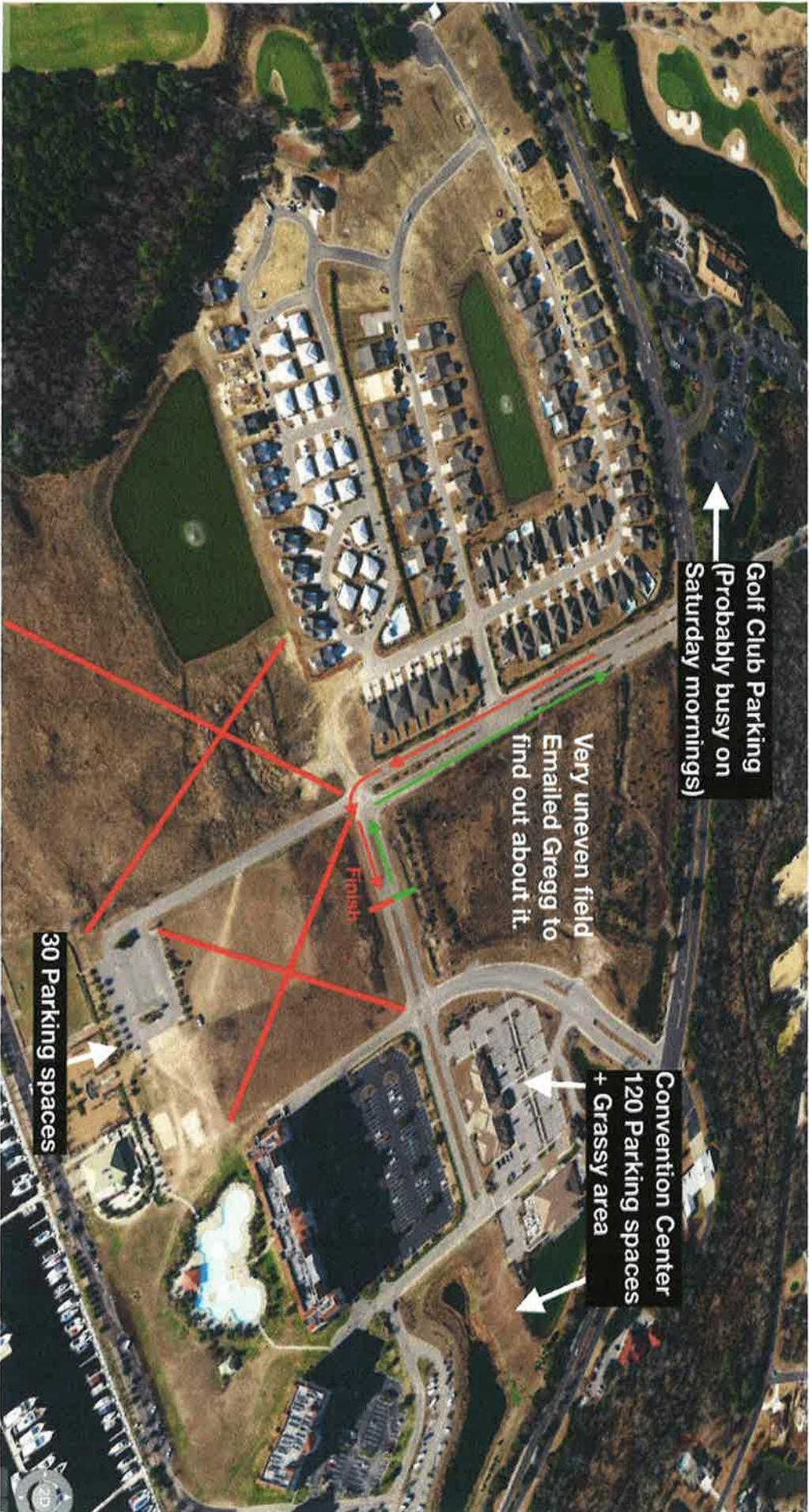
- START** on Harbor Pointe Drive
 Right on Village Crossing Blvd
 Left Barefoot Resort Bridge Rd
 Left on Oyster Catcher Dr
Turn Around on Oyster Catcher Dr
 Right on Waterview Dr
 Left on Waterview Dr
 Right on Barefoot Resort Bridge Rd
 Right on Palma Dr
 Right on Barefoot Resort Bridge Rd
 Right on Village Crossing Blvd
 Left on Harbor Pointe Dr
Finish on Harbor Pointe Dr

1 Mile

- START** on Harbor Pointe Drive
 Right on Village Crossing Blvd
Turnaround on Village Crossing Blvd
 Right on White Iris Dr
 Right on Tidewatch Way
 Right on Sea Coral Way
 Left on Tidewatch Way
 Right on White Iris Dr
 Right on Village Crossing Blvd
 Left on Harbor Pointe Drive
FINISH on Harbor Pointe Drive







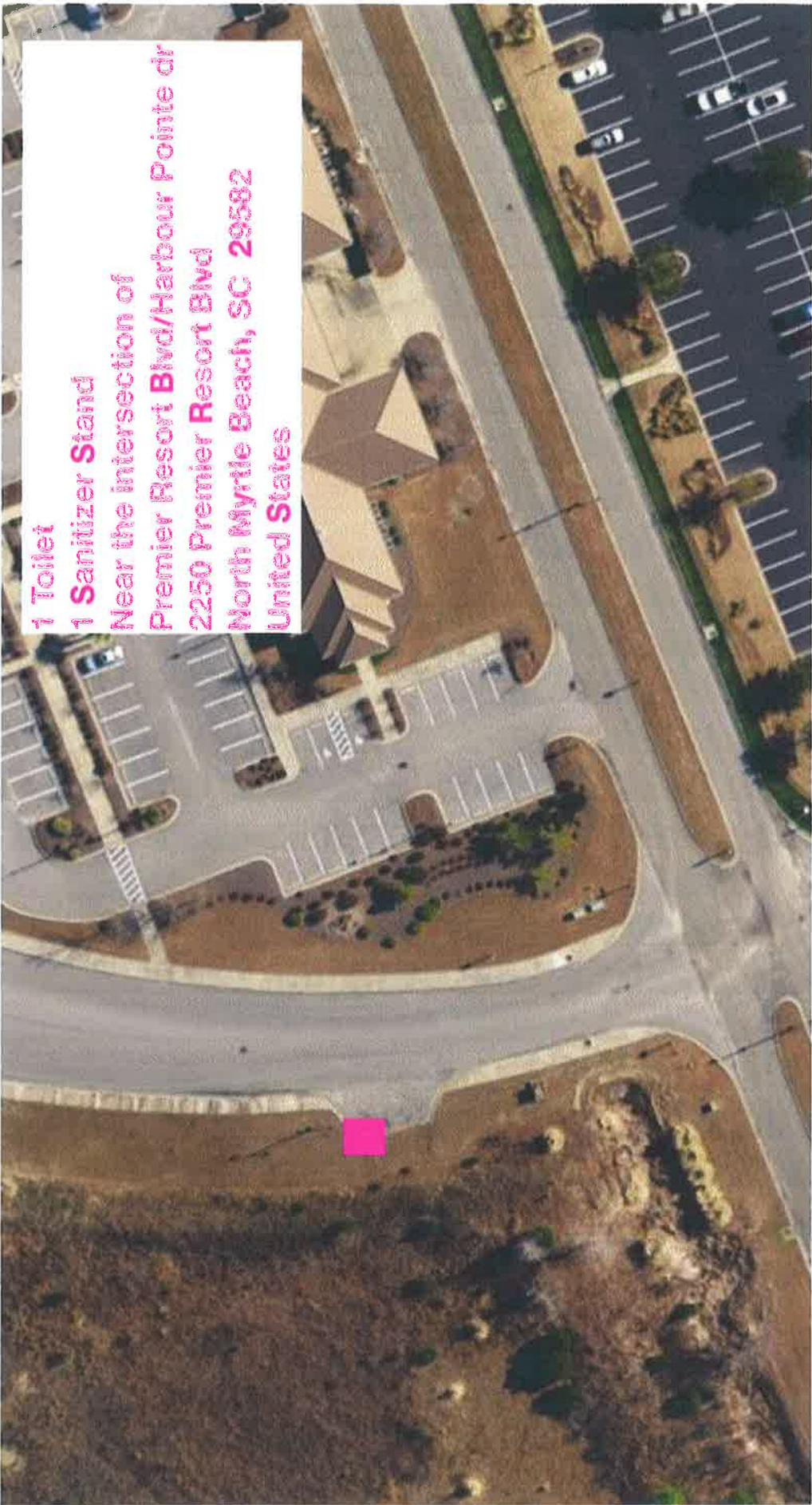
Golf Club Parking
(Probably busy on Saturday mornings)

Very uneven field
Emailed Gregg to find out about it.

Finish

Convention Center
+ Grassy area

30 Parking spaces



1 Toilet

1 Sanitizer Stand

Near the intersection of

Premier Resort Blvd/Harbour Pointe dr

2250 Premier Resort Blvd

North Myrtle Beach, SC 29582

United States

*All additional portalets will be placed at
Convention Center.*