

**REQUEST FOR CITY COUNCIL CONSIDERATION**

Meeting Date: August 16, 2021

Agenda Item: 5A	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: August 11, 2021
Subject: ACSC & SOS Celebration of Life, Remembering our Covid Victims Event	Division: Administration

**Background:**

The Association of Carolina Shag Clubs (ACSC) and the Society of Stranders (SOS) are requesting approval for their ACSC & SOS Celebration of Life, Remembering our Covid Victims Event to remember those lost due to Covid. This event is to be held on Wednesday, September 22, 2021 between the hours of 6:00 PM and 7:30 PM. Set-up will begin at 5:00 PM and dismantling will begin at 7:30 PM. The event will take place at the Horseshoe.

The Horseshoe will be closed to traffic beginning at 3:00 PM.

Please see attached information sheets.

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

**Recommended Action:**

Approve the application

Reviewed by Department Head	Reviewed by 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:	_____	_____	_____	_____

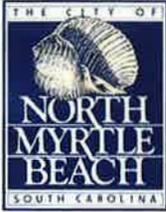
Date Sent for Director Approval: \_\_\_\_\_

Any Director Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date for City Council Approval: \_\_\_\_\_

Certificate of Liability Insurance sent to Risk Manager: \_\_\_\_\_



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: Association of Carolina Shag Clubs (ACSC) and

Society of Stranders (SOS)  
CHIEF OFFICER OF ORGANIZATION: Robin Morley - ACSC + Ron Whisenant - SOS

APPLICANT NAME: Susan Harrell

ADDRESS: 1518 Norris Ave, NMB 29582

DAYTIME PHONE: 843-455-4009 EVENING PHONE: same FAX: \_\_\_\_\_

ON-SITE CONTACT PERSON: Robin Morley PAGER/CELL PHONE: 828-443-5995

(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?

**II. EVENT INFORMATION**

EVENT NAME: ACSC/SOS "Celebration of Life, Remembering our Covid Victims"

PURPOSE OF EVENT: In remembrance of our victims of Covid, victims, lost and recovered.

EVENT DATE(S): 9-22-2021 TOTAL EXPECTED ATTENDANCE: 200+

LOCATION: Horseshoe

EVENT HOURS: 6 PM - 7:30 PM

SET-UP HOURS: 5 PM

DISMANTLE HOURS: 7:15 - 7:30 PM

(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. Horseshoe blocked for traffic beginning 3 AM
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: \_\_\_\_\_  
Time(s) Music will start and stop. 6 PM - 7:15 PM  
Name of Band(s): Gary Lowder + Christina Black  
*(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 City Permit been applied for or received?
- Will food be served at this event? If "YES", please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- | YES                                 | NO                                  | N/A                                 |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have DHEC requirements been met? Permit number _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Will you provide portable toilets for the general public attending the event? If "YES", number of Portable Toilets _____ number of ADA Accessible Toilets _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Will you require the use of City electricity?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Will you require the use of City water?   |
| <input type="checkbox"/>            | <input checked="" 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. Elec. for microphones + speaker

**IV. FEES AND PROCEEDS**

- | YES                      | NO                                  | N/A                      |  |
|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the SPONSORING ORGANIZATION a "Tax Exempt, non-profit" organization as defined by the IRS?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will admission fees be charged to attend the event? If "YES", please provide amount(s) of all tickets. _____   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will fees be charged to vendors to participate in this event? If "YES", please provide amount(s). _____  |
| <input type="checkbox"/> | <input checked="" 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. _____ |

**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) Susan Harrell Title SOS Board Member

Susan Harrell Date 8-11-2021

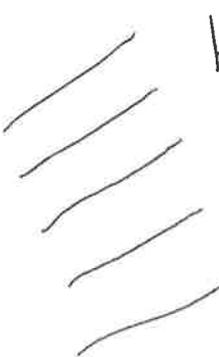
*Signature of Applicant*

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

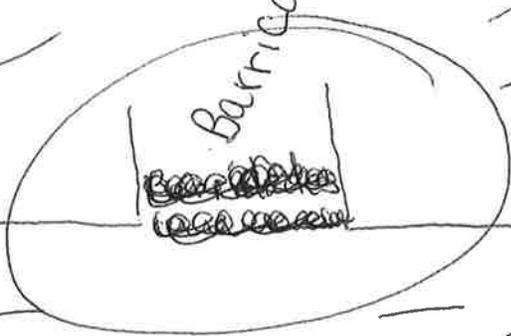
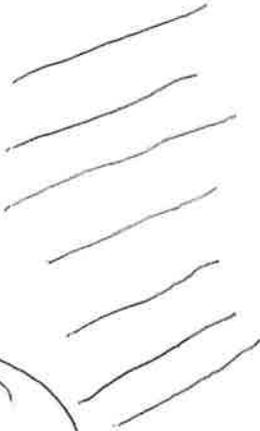
City of North Myrtle Beach  
Attention: Administration, Event/Festival Application  
1018 2<sup>nd</sup> Avenue South  
North Myrtle Beach, SC 29582



Stage



Horseshoe



Barricades

N. ocean Blvd

S. Ocean Blvd

Main Street