

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: October 4, 2021

Agenda Item: 5B	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: September 29, 2021
Subject: Fun in the Sun	Division: Administration

Background:

Carol Huff, CEO, with Fun in the Sun, is requesting approval to conduct Fun in the Sun on Saturday November 6, 2021.

The event will be held from 6:00 AM until 3:00 PM. Set up will be between the hours of 5:00 AM and 6:00 AM. Dismantling will take place from 3:15 PM to 4:30 PM.

Please see original application and map attached.

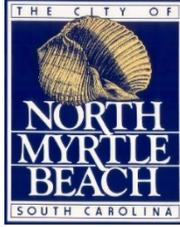
All applicable departments have signed off on the special event via email.

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: _____

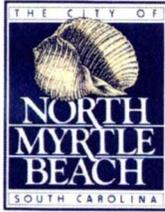
	Approval	Denial	Method	Date
City Manager/Admin:	_____	_____	_____	_____
Finance:	_____	_____	_____	_____
Human Resources:	_____	_____	_____	_____
Information Technology:	_____	_____	_____	_____
Parks & Recreation:	_____	_____	_____	_____
Planning & Development:	_____	_____	_____	_____
Public Safety:	_____	_____	_____	_____
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: Fun in the Sun

CHIEF OFFICER OF ORGANIZATION: Carol Huff, CEO

APPLICANT NAME: Carol Huff

ADDRESS: 140 Tom Everhart Rd Lexington NC 27292

DAYTIME PHONE: 336 880 5031 EVENING PHONE: 336-880-5031 FAX: —

ON-SITE CONTACT PERSON: Benny or Carol Huff PAGER/CELL PHONE: 336-918-5812
336-880-5031

(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: Fun in the Sun

PURPOSE OF EVENT: car cruise - charity fundraiser Shriners
children Hospital - Greenville, SC

EVENT DATE(S): Nov 6, 2021 TOTAL EXPECTED ATTENDANCE: 500 - 600

LOCATION: Main St - from Oak Dr to S. Ocean Blvd

EVENT HOURS: 6am to 3pm (plus Horse Shoe)

SET-UP HOURS: 5 - 6 am

DISMANTLE HOURS: 3:15 - 4:30 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. Main St 4/6 @ 6am 9/6 @ 3pm
2. _____
3. _____
4. _____

III. EVENT DESCRIPTION

YES NO N/A

- YES NO N/A Does the event involve the sale of alcoholic beverages? If "YES", please describe.

- YES NO N/A Has State Permit been applied for or received?
- YES NO N/A Will items or services be sold at the event? If "YES", please describe.

- YES NO N/A Will there be musical entertainment at your event? If "YES", please provide the following info:
 Number of Stages: _____ Number of Band(s): _____ Type(s) of Music: _____
 Time(s) Music will start and stop. _____
 Name of Band(s): _____
 (Attach additional sheet if necessary).
- YES NO N/A 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?) _____
- YES NO N/A Will there be any amusement or carnival type rides at your event? If "YES", please describe.

- YES NO N/A Will there be any fireworks associated with this event? If "YES", please describe.
 Name of Fireworks Company _____ Phone _____
- YES NO N/A Has City Permit been applied for or received?
- YES NO N/A 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 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 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 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Will fees be charged to vendors to participate in this event? If "YES", please provide amount(s).

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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: 2 NMB Police Officers Patrolling
Address: during event
On-site Contact: Benny Huff Phone No. 336-918-5812

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) CAROL Huff Title Secretary & CEO
Carol Huff Date 09/27/2021
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 2nd Avenue South
North Myrtle Beach, SC 29582

