

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: October 18, 2021

Agenda Item: 5A	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: October 14, 2021
Subject: The Big Fish Shtick	Division: Administration

Background:

Deckerz Bar and Grill is requesting approval to conduct The Big Fish Shtick fundraiser for Timmy Ray Davis' Cancer Fighters on Sunday, November 7, 2021. Please see attached maps.

The event will be held from 12:00 PM until 7:00 PM. Set up will begin at 9:00 AM. Dismantling will take place from 7:00 PM to 9:00 PM.

Please see original application and map attached.

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

Recommended Action:

Approve the 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: Deckerz Bar + Grill

CHIEF OFFICER OF ORGANIZATION: Scott Beasley

APPLICANT NAME: Scott Beasley

ADDRESS: 90 Hillside North Myrtle Beach, S.C. 29582.

DAYTIME PHONE: 336-239-7602 EVENING PHONE: 336-239-7602 FAX: N/A

ON-SITE CONTACT PERSON: Scott Beasley PAGER/CELL PHONE: 336-239-7602

(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: The Big Fish Strick

PURPOSE OF EVENT: Fundraiser For TR's Cancer Fighters

EVENT DATE(S): 11/7/2021 TOTAL EXPECTED ATTENDANCE: 200

LOCATION: 90 Hillside Dr. North Myrtle Beach, S.C.

EVENT HOURS: 12:00pm - 7:00pm

SET-UP HOURS: 9:00 AM

DISMANTLE HOURS: _____ 7pm - 9pm
(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. _____
- 2. _____
- 3. _____
- 4. _____

III. EVENT DESCRIPTION

YES NO N/A

Does the event involve the sale of alcoholic beverages? If "YES", please describe.
Beer hall outside, liquor inside

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): 3 Type(s) of Music: Beach/Country
Time(s) Music will start and stop: 2:00 pm - 7:00 pm
Name of Band(s): Coastline, Tim Clark, Eastline
(Attach additional sheet if necessary).

Will there be any tents or canopies at the proposed event site? If "YES": No. of tents 4
Will any tent be over 30' by 30' in the area? NO (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. BBQ + Seafood
YES

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input 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>4</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 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. _____

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 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>\$3</u> |
| <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 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>TR's Cancer Fight</u>
<u>possibly up to \$5,000.00</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.

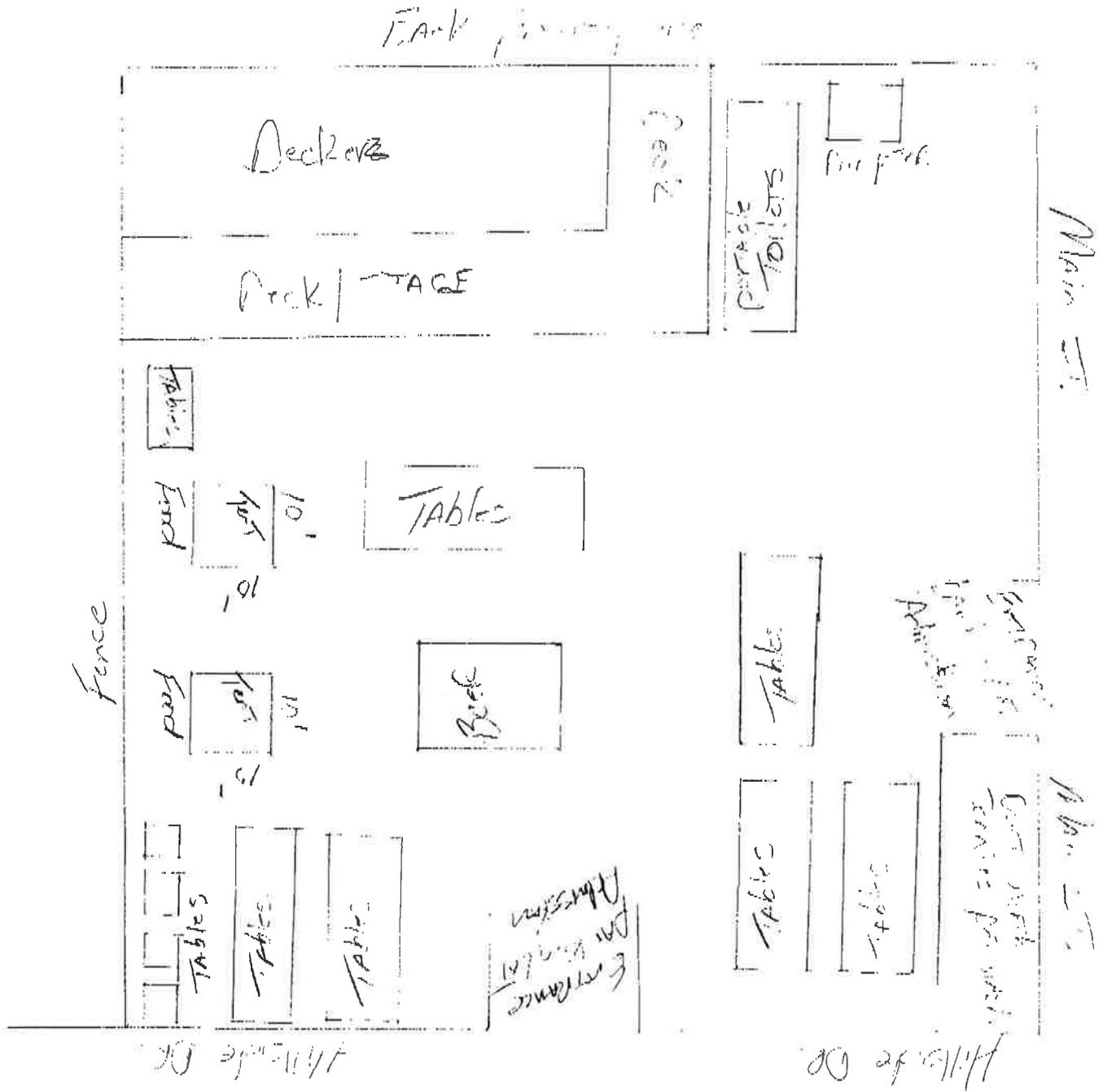
I certify that the information contained in the foregoing application is true and correct to the best of my knowledge. That I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event established by the City Council and/or the City Manager or the City 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) Scott Beasley Title Member Deckerz LLC
[Signature] Signature of Applicant Date 8/4/2021

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

The Fish Stick Event Site MAP



Galbreath Allison K

From: noreply@civicplus.com
Sent: Friday, October 1, 2021 8:18 AM
To: Galbreath Allison K; Fellner Micki C; Bullard, John
Subject: Online Form Submittal: Special Event / Festival Permit Application

Follow Up Flag: Follow up
Flag Status: Flagged

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 *Field not completed.*

Chief Officer of Organization *Field not completed.*

Applicant Name *Field not completed.*

Address *Field not completed.*

Daytime Phone Number *Field not completed.*

Evening Phone Number *Field not completed.*

Fax *Field not completed.*

On-Site Contact Person *Field not completed.*

Pager / Cell Phone Number *Field not completed.*

Is the city a co-sponsor? *Field not completed.*

II. Event Information

Event Name Big Fish Shtick

Purpose of Event Supporting TR's Cancer Fighters

Event Date(s)	11/7/2021 - 11/8/2021
Total Expected Attendance	200
Location	90 Hillside Dr. North Myrtle Beach, SC 29582
Event Hours	2:00 PM - 6:00 PM
Set-Up Hours	10:00 AM - 2:00 PM
Dismantle Hours	6:00 PM - 8:00 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 *Field not completed.*

Date / Time Closed *Field not completed.*

Date / Time Opened *Field not completed.*

Street Two *Field not completed.*

Date / Time Closed *Field not completed.*

Date / Time Opened *Field not completed.*

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? Yes

Please describe. *Field not completed.*

Has State Permit been applied for or received? Yes

Will items or services be sold at the event?	Yes
Please describe.	<i>Field not completed.</i>
Will there be musical entertainment at your event?	Yes
Number of Stages	1
Number of Bands	3
Type(s) of Music	Beach, Country
Time Music Will Start & Stop	<i>Field not completed.</i>
Name of Band(s)	Jim Quick & Coastline, Eastline, Tim Clark
Will there be any tents or canopies at the proposed event site?	Yes
Number of Tents	4
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?	<i>Field not completed.</i>
Will food be served at this event?	Yes
Please describe.	Sea Food, BBQ
Have South Carolina Department of Health and Environmental Control (DHEC) requirements been met?	N/A
Will you provide portable toilets for the general public attending the event?	Yes

Number of Portable Toilets 4

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? No

Will you require the use of City Personnel for trash removal? No

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? Yes

Please provide the amount(s). \$30.00 per person

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 any N/A

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: *Field not completed.*

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 *Field not completed.*

Electronic Signature Scott Beasley

Date 9/30/2021

Name of Applicant Scott Beasley

Title	Member
Applicant Email	skidrow1@triad.rr.com

Mailing Information

The original application should be clearly printed or typed and mailed to City of North Myrtle Beach, Attention: Administration, Event/Festival Application, 1018 2nd Avenue S, North Myrtle Beach, SC 29582.

Anyone with questions should call Allison Galbreath at 843-280-5604.

Email not displaying correctly? [View it in your browser.](#)

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