

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: January 3, 2022

Agenda Item: 5A	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: December 16, 2021
Subject: The Winter Run	Division: Administration

Background:

The Coastal Race Productions is requesting approval to conduct the event “The Winter Run” on Saturday, January 22, 2022. The City of North Myrtle Beach will be a co-sponsor.

The event will be held from 8:00 AM until 10:15 AM. Set up will be between the hours of 6:00 AM and 8:00 AM. Dismantling will take place from 10:15 AM to 11:00 AM.

Please see original application, map, and list for street closures attached.

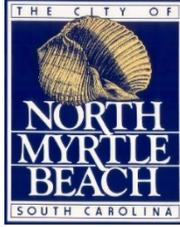
All applicable departments have signed off on the special event via email.

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: _____

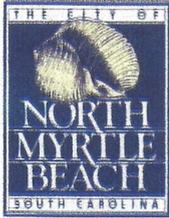
	Approval	Denial	Method	Date
City Manager/Admin:	_____	_____	_____	_____
Finance:	_____	_____	_____	_____
Human Resources:	_____	_____	_____	_____
Information Technology:	_____	_____	_____	_____
Parks & Recreation:	_____	_____	_____	_____
Planning & Development:	_____	_____	_____	_____
Public Safety:	_____	_____	_____	_____
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: Coastal Race Productions

CHIEF OFFICER OF ORGANIZATION: Johanna Terragna / Dave Hutnik

APPLICANT NAME: Johanna (GoGo) Terragna

ADDRESS: 9138 Devaux Park Blvd SW, Calabash NC 28467

DAYTIME PHONE: 910-713-9931 EVENING PHONE: _____ FAX: _____

ON-SITE CONTACT PERSON: David Hutnik PAGER/CELL PHONE: 910-363-7776

(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? John Bullard

II. EVENT INFORMATION

EVENT NAME: The Winter Run

PURPOSE OF EVENT: Promote Health + Fitness and Tourism

EVENT DATE(S): 01/22/08 TOTAL EXPECTED ATTENDANCE: 300

LOCATION: Ocean Dr - North Myrtle Beach, SC

EVENT HOURS: 8:00 - 10:05 am

SET-UP HOURS: 6:00 - 8:00 am

DISMANTLE HOURS: 10:15 - 11:00 am

(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. Ocean Blvd S (Main St - 56th Ave)
Closing both Southbound lanes. | 1/22 - 7:55 | 1/22 8:10 |
| 2. Ocean Blvd N (20th Ave - Main St)
Closing the outside Southbound lane | 1/22 - 8:20 | 1/22 10:15 |
| 3. Main Street (Ocean Blvd to Hillside)
Northbound lanes Only (Right) | 1/22 6:00 | 1/22 11:00 |
| 4. _____ | | |

III. EVENT DESCRIPTION

- | YES | NO | N/A | |
|--------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the event involve the sale of alcoholic beverages? If "YES", please describe.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has State Permit been applied for or received? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will items or services be sold at the event? If "YES", please describe.
_____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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): _____
<i>(Attach additional sheet if necessary).</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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?) _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will there be any amusement or carnival type rides at your event? If "YES", please describe.
_____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will there be any fireworks associated with this event? If "YES", please describe.
Name of Fireworks Company _____ Phone _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has City Permit been applied for or received? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Will food be served at this event? If "YES", please describe. _____

_____ |

YES NO N/A

Have DHEC requirements been met? Permit number _____

Will you provide portable toilets for the general public attending the event? If "YES", number of Portable Toilets 5 number of ADA Accessible Toilets _____

Will you require the use of City electricity? yes if available

Will you require the use of City water?

Will you require Traffic Control? We will provide cones & are requesting police support

Will you require the use of City Personnel for Trash Removal? 5 Roll out carts

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

IV. FEES AND PROCEEDS

YES NO N/A

Is the SPONSORING ORGANIZATION a "Tax Exempt, non-profit" organization as defined by the IRS?

Will admission fees be charged to attend the event? If "YES", please provide amount(s) of all tickets. Registration fee

Will fees be charged to vendors to participate in this event? If "YES", please provide amount(s).

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. The Grand Strand Running Club Scholarship fund

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. Location(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

Will submit as soon as I can.

- **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)

Dr. Johanna Terragna

Title

Race Director

Johanna Terragna
Signature of Applicant

Date

12/15/21

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

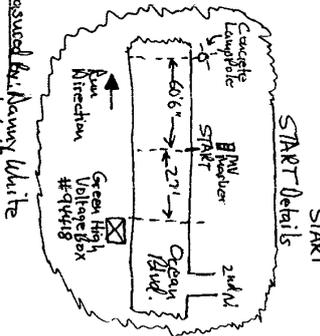
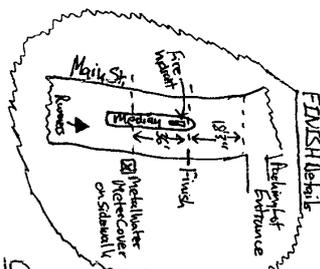
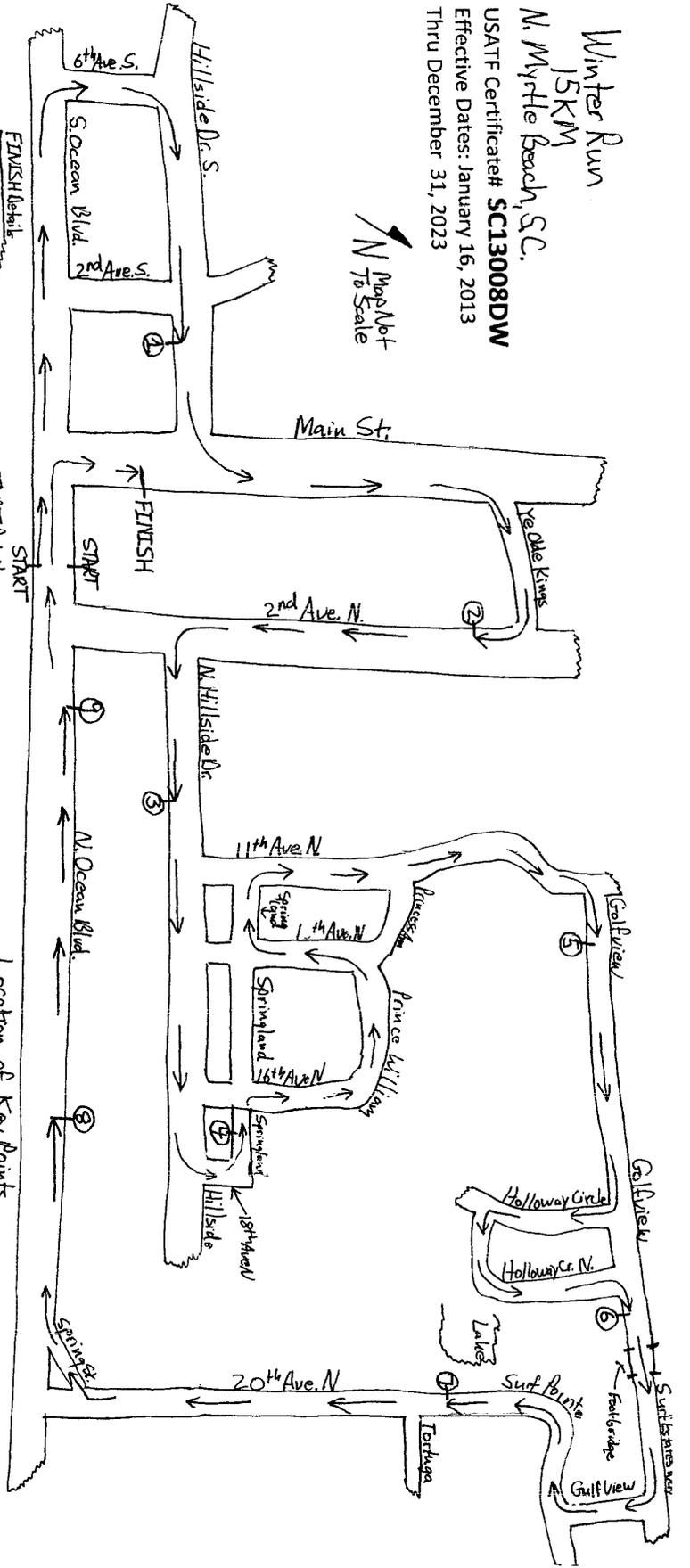
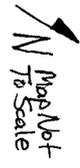
City of North Myrtle Beach

Attention: Administration, Event/Festival Application

1018 2nd Avenue South

North Myrtle Beach, SC 29582

Winter Run
15KM
M. Myrtle Beach, S.C.
USATF Certificate# SC13008DW
Effective Dates: January 16, 2013
Thru December 31, 2023



Cause Measured by: Nancy White
1-6-13
www.rmsports.com

Location of Key Points

- START: On Ocean Blvd in Ocean Drive Section point is even with an MV Meter. Point is 60' N of a concrete lamp post # 27 SW of a green high voltage box # 94418.
- 1 MILE: On Hillside Dr. S. Near Res # 107 + across from Coastal Villas point is 54' 2" NE of 2nd Ave. S + 83' SW of tan utility box # 112 35.
- 2 MILE: On 2nd Ave. N. just East of Triquian Woods. Point is 21' W East of Rosemary Ln.
- 3 MILE: On Hillside N. just south of 9th Ave. N. + across from Res # 805. Point is 40' 10" South West of a tree next to in grass.
- 4 MILE: On Springland, in front of Res # 511. Point is 6' South of Verizon buried Cablewelder + 36' 10' NE of Driveway to # 511.
- 5 MILE: On Gulfview Dr. access from Res # 1105 + in front of Res # 1100 Point is 19' North of SCE/Cable.
- 6 MILE: On Gulfview access from Res # 1405. Point is 12' NE of 25' high Sign.
- 7 MILE: On 20th Ave N. beside lake. Point is 48' 6" East of Culvert to lake + 60' West of Tortuga Ln.
- 8 MILE: On Ocean Blvd. in front of Res # 703 between 18th + 17th Ave. N. Point is 49' 6" NE of concrete lamp pole # 5 SCE. L5664H.
- 9 MILE: On N Ocean Blvd. in front of Triquian Beach + Racquet Club Villas + Point is 28' NE of entrance to Villas + 135' S + SW of concrete metal lamp pole SCE # L53740.
- FINISH: On Main St. in Ocean Drive Section Point is even with three yard front in median. Point is 36' NE of metal water meter cover on sidewalk + 18' 3" SW of Rubie Building Lot Entrance.



Road Running Technical Council
USA Track & Field
Measurement Certificate



Name of the course North Myrtle Beach Winter Run 15 km Distance 15 km
 Location (state) South Carolina (city) North Myrtle Beach
 Type of course: road race calibration track Configuration: Complex of different Loops
 Type of surface: paved 100 % dirt _____ % gravel _____ % grass _____ % track _____ %
 Elevation (feet above sea level) Start 18' Finish 20' Highest 30' Lowest 15'
 Straight line distance between start & finish 980' Drop -0.04 m/km Separation 1.99 %
 Measured by (name, address, phone & e-mail) Danny White, 2119 Rice Road, Marion, SC 29571
(843) 230-8648, rmssports@aol.com
 Race contact (name, address & phone) Greg Barnhill, Possum Trot Road, N. Myrtle Beach, SC 29577
(843) 280-5570
 Measuring Methods: bicycle steel tape electronic distance meter
 Number of measurements of entire course: 2 Date(s) when course measured: January 6, 2013
 Race date: January 26, 2013 Course certification effective date: January 16, 2013
 Replaces: SC12010DW (if applicable) Certification code: SC13008DW

Notice to Race Director
Use this Certification Code in all public
announcements relating to your race.

Be It Officially Noted That

Based on examination of data provided by the above named measurer, the course described above and in the map attached is hereby certified as reasonably accurate in measurement according to the standards adopted by the Road Running Technical Council. If any changes are made to the course, this certification becomes void, and the course must then be recertified.

Validation of Course — In the event a National Open Record is set on this course, or at the discretion of USA Track & Field, a validation remeasurement may be required to be performed by a member of the Road Running Technical Council. If such a remeasurement shows the course to be short, then all pending records will be rejected and the course certification will be cancelled.

This certification expires on December 31 in the year **2023**

AS NATIONALLY CERTIFIED BY:

Danny White

Date: January 16, 2013

Danny White — USATF/RRTC National Certifier
2119 Rice Road, Marion, SC 29571, (843)230-8648, rmssports@aol.com