

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: February 7, 2022

Agenda Item: 5F	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: January 18, 2022
Subject: SOS Parade	Division: Administration

Background:

The Society of Stranders (SOS) is requesting approval for the SOS Parade to be held on Saturday, April 30, 2022. The event would take place on Main Street.

The event will be held from 1:00 PM until 4:00 PM. Set up will begin at 6:00 AM. Dismantling will take place from 4:00 PM to 6:00 PM.

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, City of North Myrtle Beach Administration no later than sixty (60) days before your event.

I. APPLICANT AND SPONSORING ORGANIZATION INFORMATION

SPONSORING ORGANIZATION NAME: SOS

CHIEF OFFICER OF ORGANIZATION: RON Whisenant

APPLICANT NAME: TERRY McCoy

ADDRESS: 200 S. Ocean BLVD. NMB, SC 29582

DAYTIME PHONE: 803-572-1314 EVENING PHONE: 803-572-1314 FAX: _____

ON-SITE CONTACT PERSON: TERRY McCoy PAGER/CELL PHONE: 803-572-1314

(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

Email: temccdance@gmail.com

IS THE CITY A CO-SPONSOR.

WHAT IS THE NAME OF THE CITY CONTACT PERSON.

II. EVENT INFORMATION

EVENT NAME: SOS Spring Parade

PURPOSE OF EVENT: Parade for entertainment - entries will be judged.

EVENT DATE(S): April 30, 2022 TOTAL EXPECTED ATTENDANCE: 3000

LOCATION: Main Street, North Myrtle Beach

EVENT HOURS: 1 P.M. - 4 P.M.

SET-UP HOURS: 6 A.M. - 1 P.M.

DISMANTLE HOURS: 4 P.M. - 6 P.M.

(Includes same-day clean-up of all trash and debris generated by event)

- 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 4 number of ADA Accessible Toilets 1
(SUGGESTED: 1 for every 250 people) (SUGGESTED: 10% of total portable toilets)
In staging area for parade entries
- Will you require the use of City electricity?
- Will you require the use of City water?
- Will you require Traffic Control?
- 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. 4 lifeguard chairs and umbrellas placed at horse shoe, cones, barricades plastic and metal along route, no parking signs in cut outs on Main St. between Hillside Dr. and Ocean Blvd., 2 fire bikes and a motorcycle officer to lead parade.

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. _____
- 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. _____

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.)

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. @ BI-LO & Kroger entrance to Ocean Blvd. includes horse shoe 4-30-22 12 P.M. 4-30-22 4 P.M.
2. Ocean Blvd. from Main St. to 4th Ave. S. 4-30-22 12 P.M. 4-30-22 4 P.M.
3. 4th Ave. S. between Ocean Blvd. and Hillside Dr. 4-30-22 12 P.M. 4-30-22 4 P.M.
4. Hillside Dr. between Main St. and 4th Ave. S. 4-30-22 12 P.M. 4-30-22 4 P.M.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be any tents or canopies at the proposed event site? If "YES": No. of tents <u>1</u> Will any tent be over 30' by 30' in the area? <u>NO</u> (how many?) <u>N/A</u>
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Has State and City Permit 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. _____ _____ _____

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) TEERY McCLOY Title PARADE Chairman
Teery McCloy Date 1/13/22
Signature of Applicant

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

City of North Myrtle Beach
1018 2nd Avenue South
North Myrtle Beach, SC 29582

Google Maps

SOS PARADE

- Tent
- Route
- Portable toilets
- Lifeguard chairs



Map data ©2018 Google 500 ft

Please refer to: North Myrtle Beach Department of Public Safety
Special Event Operations Plan
SOS Parade 2017 for additional information