

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: February 20, 2023

Agenda Item: 5A	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: February 6, 2023
Subject: 33 rd Annual St. Patrick's Day Parade and Festival	Division: Administration

Background:

The City of North Myrtle Beach and North Strand Optimist Club of North Myrtle Beach are requesting approval for the 33rd Annual St. Patrick's Day Festival to be held on Saturday, March 11, 2023.

The parade will be held from 9:00 AM to 11:00 AM. Set up will begin at 7:00 AM and dismantling will take place from 11:00 AM to 12:00 PM.

The festival will take place on Main Street between Ocean Boulevard and Cedar Avenue. The festival will be held from 11:00 AM until 4:00 PM. Set up will begin at 4:00 AM and dismantling will take place from 4:00 PM to 7:00 PM.

Please see original applications, maps, and list for street closures attached.

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

Recommended Action:

Approve the Festival and Special Event Application

Reviewed by Department Head	Reviewed by City Manager	Reviewed by City Attorney
Council Action: Motion By _____ 2 nd By _____ To _____		

Galbreath Allison K

From: noreply@civicplus.com
Sent: Thursday, January 5, 2023 4:34 PM
To: Galbreath Allison K; Sylvester, Angel; Gibbons, Matt
Subject: Online Form Submittal: Special Event / Festival Permit Application

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	City of North Myrtle Beach Parks & Recreation
Chief Officer of Organization	Matt Gibbons
Applicant Name	Angel Sylvester
Address	1030 Possum Trot Rd
Daytime Phone Number	843-281-3759
Evening Phone Number	843-281-3759
Fax	<i>Field not completed.</i>
On-Site Contact Person	Angel Sylvester
Pager / Cell Phone Number	<i>Field not completed.</i>
Is the city a co-sponsor?	N/A

II. Event Information

Event Name	33rd Annual St. Patrick's Day Festival
Purpose of Event	To draw people to North Myrtle Beach and celebrate Irish heritage. Also, to promote North Myrtle Beach as a vacation destination for years to come.
Event Date(s)	3/11/2023

Event Date(s)	3/11/2023
Total Expected Attendance	30,000+
Location	Main Street b/w Ocean Blvd & Cedar Avenue
Event Hours	11:00 AM - 4:00 PM
Set-Up Hours	4:00 AM - 9:00 AM
Dismantle Hours	4:00 PM - 7:00 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	Main St. from Cedar Ave to Ocean Blvd.
Date / Time Closed	3/11/2023 5:00 AM
Date / Time Opened	3/11/2023 6:30 PM
Street Two	Hillside Dr from 1st Ave S to 1st Ave N
Date / Time Closed	3/11/2023 5:00 AM
Date / Time Opened	3/11/2023 6:30 PM
Street Three	Oak Drive from 1st Ave N to Main St
Date / Time Closed	3/11/2023 4:00 AM
Date / Time Opened	3/11/2023 6:30 PM
Street Four	At corner of Oak Drive & Pine Ave close to Main St.
Date / Time Closed	3/11/2023 5:00 AM
Date / Time Opened	3/11/2023 6:30 PM

III. Event Description

Does the event involve the sale of alcoholic beverages?	Yes
Please describe.	Surrounding businesses sell alcoholic beverage to festival goers.
Has State Permit been applied for or received?	No
Will items or services be sold at the event?	Yes

Please describe.	Arts, crafts food, resell items and non-profits.
Will there be musical entertainment at your event?	Yes
Number of Stages	3
Number of Bands	8
Type(s) of Music	Irish/Variety
Time Music Will Start & Stop	11:00 AM - 4:00 PM
Name of Band(s)	Variety
Will there be any tents or canopies at the proposed event site?	Yes
Number of Tents	150-/+
Will any tent be over 30 by 30 feet in the area?	Yes
How many?	2
Will there be any fireworks associated with this event?	No
Has City Permit been applied for or received?	N/A
Will food be served at this event?	Yes
Please describe.	various festival foods
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	30

Number of Americans with Disabilities Act (ADA) Accessible Toilets	6
Will you require the use of City electricity?	Yes
Will you require the use of City water?	Yes
Will you require Traffic Control?	Yes
Will you require the use of City Personnel for trash removal?	Yes
Please list any other services you are requesting from the City of North Myrtle Beach.	see attached

IV. Fees & Proceeds

Is the sponsoring organization a "tax exempt, non-profit" organization as defined by the Internal Revenue Service (IRS)?	No
Will admission fees be charged to attend the event?	No
Will fees be charged to vendors to participate in this event?	Yes
Please provide the amount(s).	\$10-\$325
If the sponsoring organization is not a "tax exempt, non-profit" organization, will donations be made to any charitable organization(s)?	N/A

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:

[2023 St. Patricks Festival Map.pdf](#)

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 I agree.

Electronic Signature Angel Sylvester

Date 1/5/2023

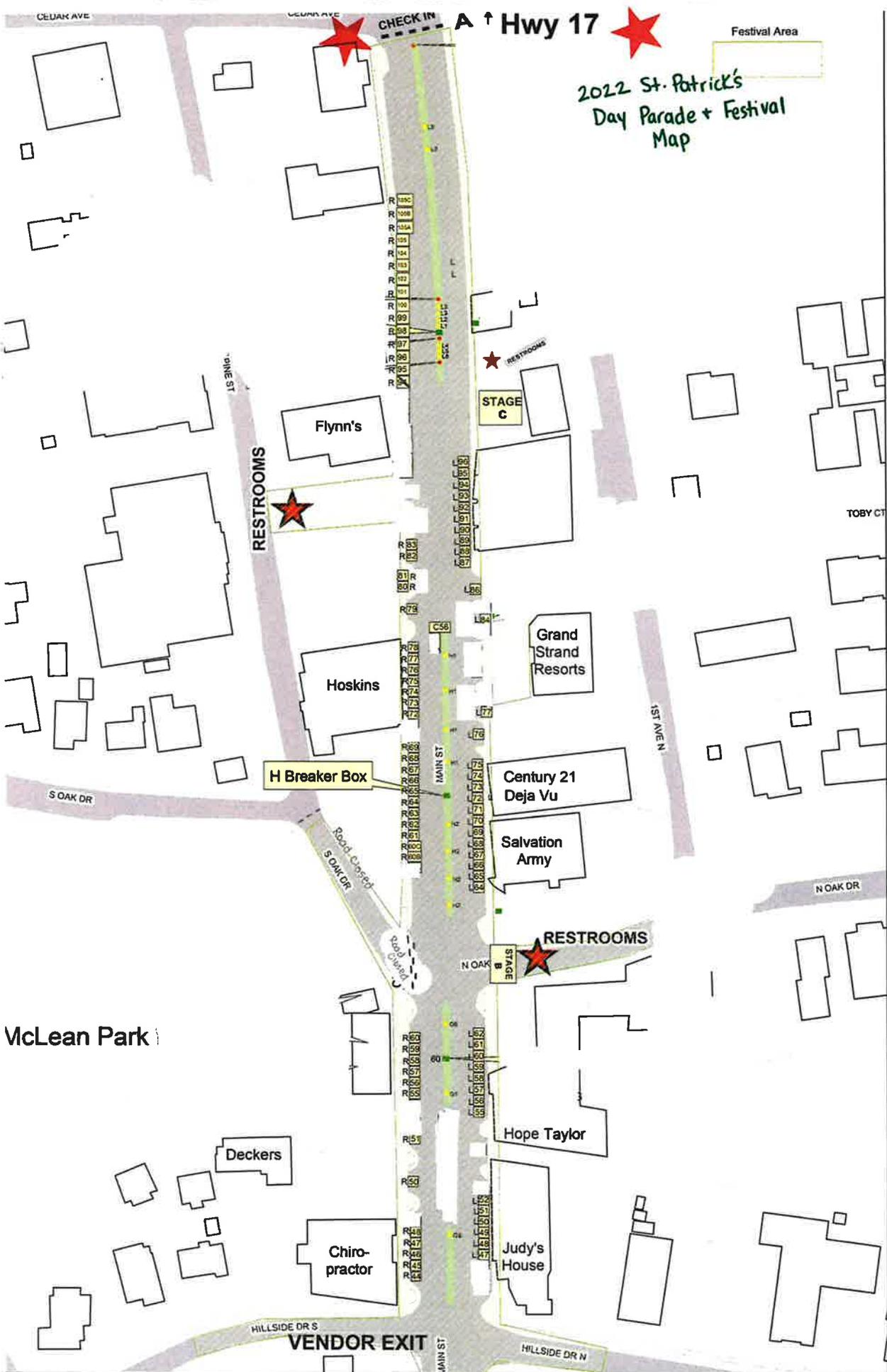
Name of Applicant Angel Sylvester

Title Special Event/Program Manager

Applicant Email lasylvester@nmb.us

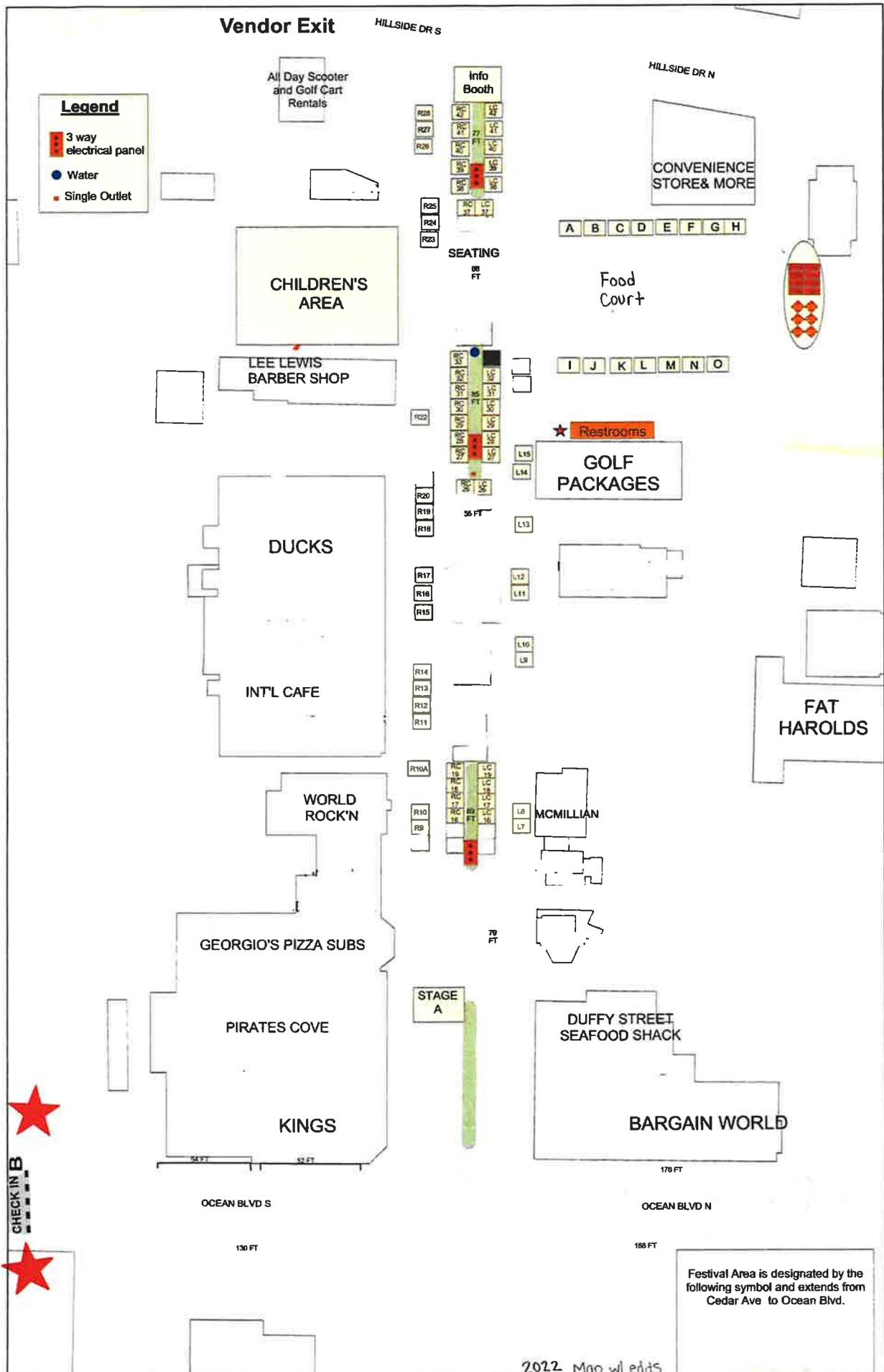
Mailing Information

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.



2022 St. Patrick's Day Parade + Festival Map

McLean Park



2022 Map w/ edits

(B)

Galbreath Allison K

From: noreply@civicplus.com
Sent: Thursday, January 5, 2023 12:05 PM
To: Galbreath Allison K; Fellner Micki C; Bullard, John
Subject: Online Form Submittal: Special Event / Festival Permit Application

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I. Applicant & Sponsoring Organization Information

Sponsoring Organization Name North Strand Optimist Club of NMB

Chief Officer of Organization Dale Rieser

Applicant Name North Strand Optimist Clyb of NMB

Address P.O. Box 5109

Daytime Phone Number 614-266-4624

Evening Phone Number same

Fax *Field not completed.*

On-Site Contact Person Dale Rieser

Pager / Cell Phone Number same

Is the city a co-sponsor? Yes

What is the name of the city contact person? Angel Sylvester

II. Event Information

Event Name 33rd Annual St. Patrick's Day Parade

Purpose of Event To have a fun filled St Patrick's Day event for people of all ages while raising money for the North Strand Optimist Club to

support youth in NMB. Kick off the 33rd Annual St Patrick's Day Festival.

Event Date(s) 3-11-2023

Event Date(s) *Field not completed.*

Total Expected Attendance 30,000+

Location Ocean Blvd. to right on 2nd Ave N to right on 1st Ave S. left on Hillside Drive, right on Ye Olde Kings Hwy

Event Hours - 11:00 AM

Set-Up Hours *Field not completed.*

Dismantle Hours *Field not completed.*

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 Sc Hwy 65 south bound lanes from 11th Ave N to 2nd Ave S

Date / Time Closed *Field not completed.*

Date / Time Opened *Field not completed.*

Street Two SC Hwy 65 north and south bound lanes from 11th Ave N to 1st Ave S

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? No

Has State Permit been applied for or received?	Yes
Will items or services be sold at the event?	No
Will there be musical entertainment at your event?	Yes
Number of Stages	<i>Field not completed.</i>
Number of Bands	4
Type(s) of Music	<i>Field not completed.</i>
Time Music Will Start & Stop	<i>Field not completed.</i>
Name of Band(s)	<i>Field not completed.</i>
Will there be any tents or canopies at the proposed event site?	Yes
Number of Tents	2
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?	No
Will food be served at this event?	No
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	30

Number of Americans with Disabilities Act (ADA) Accessible Toilets 6

Will you require the use of City electricity? No

Will you require the use of City water? No

Will you require Traffic Control? Yes

Will you require the use of City Personnel for trash removal? Yes

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? No

Will fees be charged to vendors to participate in this event? Yes

Please provide the amount(s). Varies for parade entries - \$25-\$650

If the sponsoring organization is not a "tax exempt, non-profit" organization, will donations be made to any charitable organization(s)? N/A

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: [Parade Map.pdf](#)

VI. Security

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VII. Page Information

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Electronic Signature Agreement I agree.

Electronic Signature Dale Rieser

Date 1/5/2023

Name of Applicant Dale Rieser

Title *Field not completed.*

Applicant Email dale@upsprinting.com

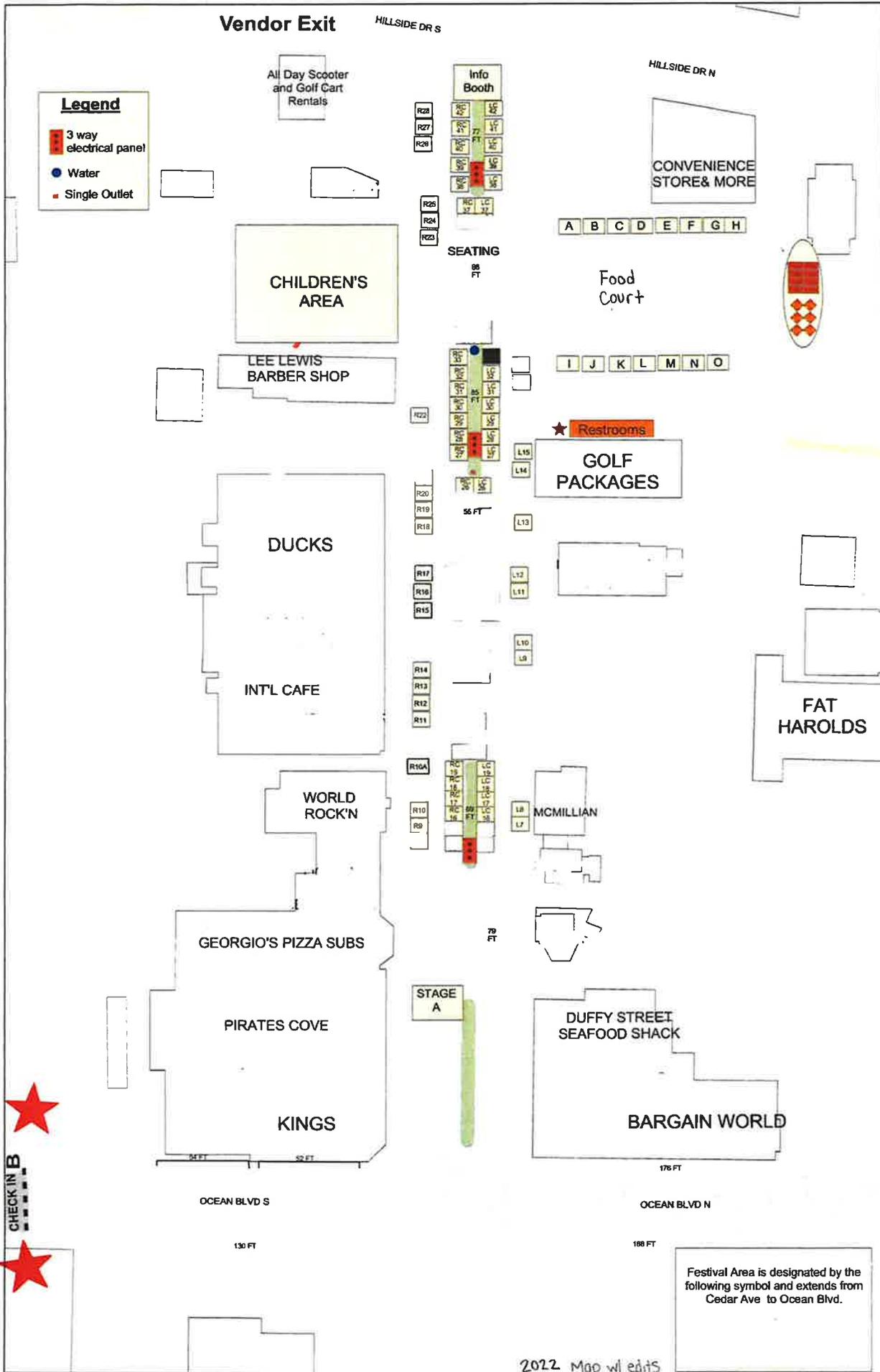
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2022 St. Patrick's Day Parade + Festival Map

McLean Park



Vendor Exit

HILLSIDE DR S

HILLSIDE DR N

Legend

- 3 way electrical panel
- Water
- Single Outlet

All Day Scooter and Golf Cart Rentals

Info Booth

CONVENIENCE STORE & MORE

A B C D E F G H

CHILDREN'S AREA

SEATING

Food Court

I J K L M N O

LEE LEWIS BARBER SHOP

★ Restrooms

GOLF PACKAGES

DUCKS

INT'L CAFE

R28
R27
R26
R25
R24
R23
R22
R20
R19
R18
R17
R16
R15
R14
R13
R12
R11
R10A
R10
R9

L15
L14
L13
L12
L11
L10
L9

FAT HAROLDS

WORLD ROCK'N

MCMILLIAN

GEORGIO'S PIZZA SUBS

STAGE A

DUFFY STREET SEAFOOD SHACK

PIRATES COVE

BARGAIN WORLD

KINGS

CHECK IN B

OCEAN BLVD S

OCEAN BLVD N

130 FT

180 FT

Festival Area is designated by the following symbol and extends from Cedar Ave to Ocean Blvd.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/09/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Association Member Benefits Advisors, LLC. In CA dba Assn. Member Benefits & Insurance Agency P.O. Box 14521 Des Moines, IA 50306-4521	CONTACT NAME: PHONE (A/C, No, Ext): 800-503-9227		FAX (A/C, No): 515-365-3005
	EMAIL ADDRESS: plsdsteam.service@mercier.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Philadelphia Indemnity Insurance Co			23841
INSURED Optimist International North Strand Optimist Club Dale Rieser PO Box 5109 North Myrtle Beach, SC 29579	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

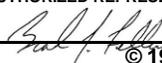
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHPK2409526	05/01/2022	05/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>	PHPK2409526	05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Effective 03/11/2023 include City of North Myrtle Beach as additional insured: Certificate Holder (CG2026) but only with respects to the named insured's negligence with regards to the 33rd Annual St. Patrick's Day Parade event to be held at Downtown North Myrtle Beach, Ocean Blvd to right on 2nd Ave N, right on 1st Ave S, left on Hillside Drive, right on Ye Olde Kings Hwy on 03/11/2023.

CERTIFICATE HOLDER

CANCELLATION

City of North Myrtle Beach Angel Sylvester 1018 Second Avenue South North Myrtle Beach, SC 29582	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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