

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: February 20, 2023

Agenda Item: 5B	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: February 6, 2023
Subject: SOS Parade	Division: Administration

Background:

The Society of Stranders (SOS) is requesting approval for the SOS Parade to be held on Saturday, April 22, 2023. 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 and 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.

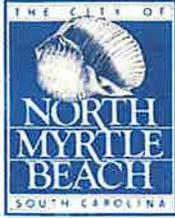
Recommended Action:

Approve the 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 _____

Rec
11/2/2023



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: SOS

CHIEF OFFICER OF ORGANIZATION: RON WHISENANT

APPLICANT NAME: Terry McCoy

ADDRESS: 200 S OCEAN BLVD 2-B
MAILING: PO BOX 852 NMB 29597

DAYTIME PHONE: 803 572 1314 EVENING PHONE: _____ 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

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 22 2023 TOTAL EXPECTED ATTENDANCE: 3000

LOCATION: MAIN STREET N.M.B.

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

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

DISMANTLE HOURS: 4 P.M. - 6 P.M.
(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 KROCKER STOP LIGHT TO OCEAN BLVD
INCLUDES HONOR SHOE 4/22/23 12 PM - 4 PM
2. OCEAN BLVD FROM MAIN STREET TO 4th AVS SOUTH 12 PM - 4 PM
3. 4th AVS SOUTH BETWEEN OCEAN BLVD & HILLSIDE DR. 12 PM - 4 PM
4. HILLSIDE DRIVE BETWEEN 4th AVS SOUTH AND MAIN 12 PM - 4 PM

III. EVENT DESCRIPTION

YES NO N/A

 Does the event involve the sale of alcoholic beverages? If "YES", please describe.

 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: _____ Number of Band(s): _____ Type(s) of Music: _____
 Time(s) Music will start and stop. _____
 Name of Band(s): _____
(Attach additional sheet if necessary).

 Will there be any tents or canopies at the proposed event site? If "YES": No. of tents 1
 Will any tent be over 30' by 30' in the area? NO (how many?) NA

 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. _____

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 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 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: _____

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) Terry McCoy Title PARADE CHAIR
Terry McCoy Date 11/5/23
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

Hy 17

BANK
50 FEET

000

ASH

OPAK

0.55M @ 24

BANNER

ROCK

CHINA

BANK

CHINA

0.55M @ 24
PARTY
+ LIFE GUARD CHAIRS

BARRICADE ALL STREETS ON
PARADE ROUTE

HILLSIDE

15ft

2m

300

15ft

10000

THREE LIFE GUARD CHAIRS