

REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: August 21, 2023

Agenda Item: 5F	Prepared for: Mike Mahaney, City Manager
Agenda Section: Consent: Motion to Approve	Date: August 16, 2023
Subject: SOS Social Gathering-CSRA Shag Club	Division: Administration

Background:

The Association of Carolina Shag Clubs is requesting approval for a social gathering sponsored by the CSRA Shag Club on September 19, 2023. The gathering will be held between the hours of 1:00 PM and 5:00 PM. Set up will begin at 12:30 PM and dismantling will begin at 5:00 PM.

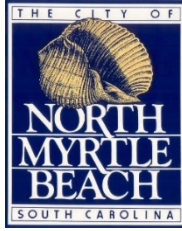
Please see attached application and map.

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

Recommended Action:

Approve the Special Event Application

Reviewed by Division Head	Reviewed by City Manager	Reviewed by City Attorney
Council Action: Motion By _____ 2 nd 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: Association of Carolina Shag Clubs

CHIEF OFFICER OF ORGANIZATION: Robin Morley

APPLICANT NAME: Susan Harrell

ADDRESS: P.O. Box 295 Cross Hill, SC 29332

EMAIL ADDRESS: Smharrell54@yahoo.com

DAYTIME PHONE: 843-455-4009 EVENING PHONE: _____ FAX: _____

ON-SITE CONTACT PERSON: Brenda Taylor PAGER/CELL PHONE: 803-646-2629

(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

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IS THE CITY A CO-SPONSOR?

WHAT IS THE NAME OF THE CITY CONTACT PERSON?

II. EVENT INFORMATION

EVENT NAME: Shag Club Gathering (CSRA Shag Club)

PURPOSE OF EVENT: Shag Club Social gathering

EVENT DATE(S): Sept 21, 2023 TOTAL EXPECTED ATTENDANCE: 125

LOCATION: Beach side - Ocean Bay

EVENT HOURS: 1 PM to 5 PM

SET-UP HOURS: 12:30 PM

DISMANTLE HOURS: 5 PM

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

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 _____ number of ADA Accessible Toilets _____



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?

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

FEES AND PROCEEDS

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. _____

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 |

* 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

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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 incurred by or on behalf of the Event by the City of North Myrtle Beach.

Name of Applicant (print) Susan Harrell Title SAS Board Member
Susan Harrell Date 8-7-2023
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

12:05

53%

← Ocean Bay Clu... X



Buoys on the Boulevard

Sea Villas III
ing.com - Hotels



Ocean Bay Club
Condominiums

Peppertree



By the Sea

Booking.com - Hotels



Richmond Shag Club
CSRA Shag Club
Palmetto Shag Club
Rock Hill Shag Club

Ocean Bay Club Condominiums



Directions



Start



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