

## REQUEST FOR CITY COUNCIL CONSIDERATION

Meeting Date: August 21, 2023

|                                                     |                                             |
|-----------------------------------------------------|---------------------------------------------|
| Agenda Item: 5H                                     | Prepared for:<br>Mike Mahaney, City Manager |
| Agenda Section:<br>Consent: Motion to Approve       | Date: August 16, 2023                       |
| Subject:<br>SOS Social Gathering-Columbia Shag Club | Division: Administration                    |

**Background:**

The Association of Carolina Shag Clubs is requesting approval for a social gathering sponsored by the Columbia Shag Club on September 22, 2023. The gathering will be held between the hours of 10:00 AM and 1:00 PM. Set up will begin at 9:30 AM and dismantling will begin at 1:00 PM.

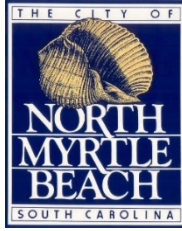
Please see attached application and map.

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 |
| <br><br><br><br><br><br><br><br><br><br>                             |                          |                           |
| Council Action:<br>Motion By _____ 2 <sup>nd</sup> 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: Vicki Sosbee PAGER/CELL PHONE: 803-404-7227

(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: Shag Club Gathering (Columbia Shag Club)

PURPOSE OF EVENT: Shag Club social gathering

EVENT DATE(S): Sept 22, 2023 TOTAL EXPECTED ATTENDANCE: 30

LOCATION: Beach area closest to 101 S. Ocean Blvd

EVENT HOURS: 10 AM to 1 PM

SET-UP HOURS: 9:30 AM

DISMANTLE HOURS: 1 PM

(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

none

## I. EVENT DESCRIPTION

S 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: 0 Number of Band(s): 0 Type(s) of Music: DJ

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 2 ~~each tent~~

Will any tent be over 30' by 30' in the area? No (how many?)

☒ ☐ 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.

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
2. Gates or points of Admission
3. Scaffolding, Bleachers, Stages or Related Structures
4. Alcohol Outlets
5. Food and Beverage Vendors
6. Portable and Permanent Toilets
7. First Aid Facilities
8. Canopies or Tent Locations
9. Trash Receptacles or Dumpsters
10. Location(s) of Portable Generator(s)
11. Points of Connection to City Water
12. Points of Connection to City Electric
13. Tables and Chairs
14. Vehicles and/or Trailers
15. Location of Vendor Parking
16. Other Components Not Covered Above
17. Amusement or Carnival Type Rides

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

Name of Applicant (print) \_\_\_\_\_

Susan Harrell

Title \_\_\_\_\_

SOS Board Member

Susan Harrell

*Signature of Applicant*

Date \_\_\_\_\_

8-7-2023

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

City of North Myrtle Beach

Attention: Administration, Event/Festival Application

1018 2<sup>nd</sup> Avenue South

North Myrtle Beach, SC 29582

11:53

and Eatery

56%

Park

← 101 S Ocean Bl...



Main St

Melt  
Top rated

Buoys on the Boulevard



Columbia Shag Club



Peppertree By the Sea