

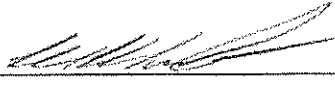


Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of the event date may not satisfy the processing timeline requirements.

1. Organization/person seeking variance: MP Hospitality dba: Mike's Taw on the Ave
2. Event Name: St Patrick's Day 2023
3. Address and physical description of noise source location (Event, Worksite):
472 snelling Ave s St Paul MN 55105
4. Responsible person: Mike Mulrooney Title: Owner
5. Telephone: 651-247-6626 E-Mail: blarneypub@comcast.net
6. Date(s) variance requested: March 17th 2023
7. Noise source - Time(s) of operation: noon to 11pm
- Time(s) of pre-event sound check: 10 am
8. Sound level requested (dBA/Decibels): amplified bands
9. Mailing address w/zip code: 472 snelloing ave s st paul mn 55105
10. Briefly describe the noise source and equipment involved: Amplified Band, guitars, drums, keyboard
11. Describe the steps that will be taken to minimize the noise levels: _____
This will all be enclosed insode a tent
12. State reason for seeking variance (example - music, announcements, construction, etc.): _____
Outdoor event in an enclosed tent
13. Maximum number of attendees: 200
14. A site diagram & map must be attached showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing. Multiple locations may require more than one application.)
15. Submit completed application, site diagram/map, and \$178 fee to:
CITY OF SAINT PAUL, DEPARTMENT OF SAFETY AND
INSPECTIONS 375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

I understand any social gathering associated with this variance must be managed in compliance with any applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance limits.

Signature of responsible person:  Date: 1/20/23



DSI RECEIPT

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesota 55101-1806
Phone: (651) 266-8989 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 01/23/2023

Received From: MP HOSPITALITY dba: MIKE'S TAV ON THE AVE
472 SNELLING AVE S ST PAUL MN 55105

Description:

Invoice Details	Invoice Amount	Amount Paid
1140572		
Noise Variance	\$178.00	\$178.00
TOTAL AMOUNT PAID:		\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC2706	01/23/2023	\$178.00