

CITY OF SAINT PAUL

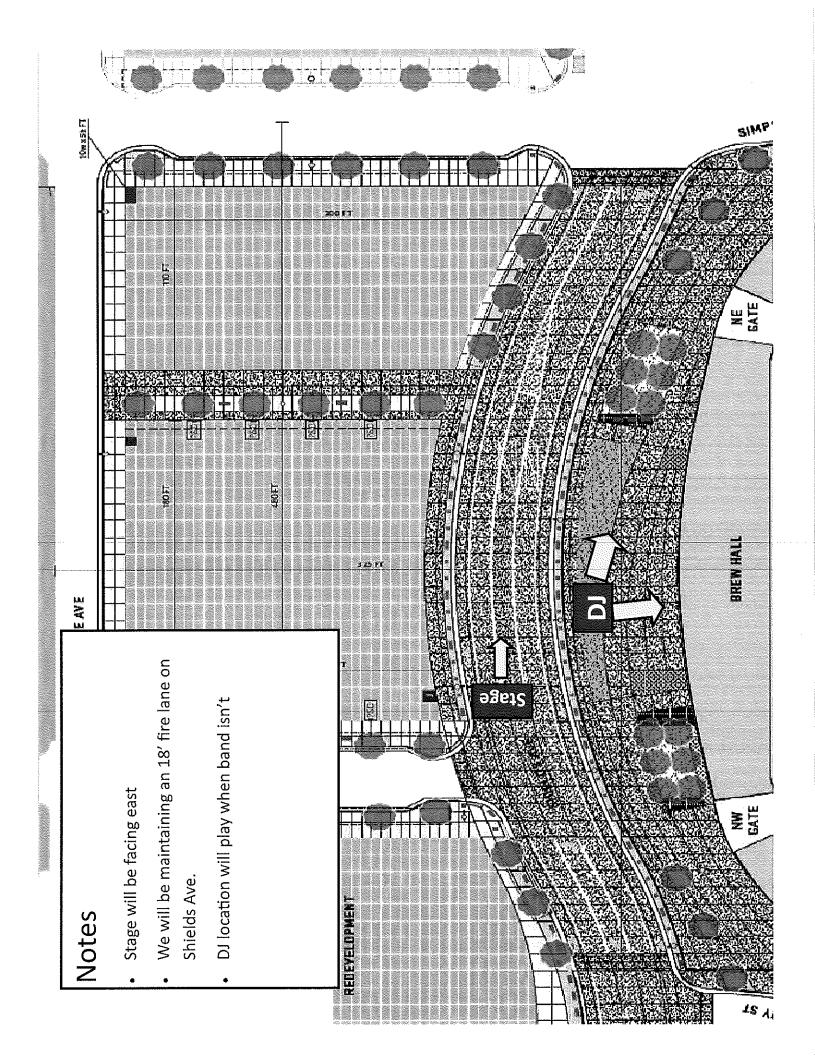
Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

## **Sound Level Variance Application**

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 fee payment should be submitted a minimum of sixty (60) days prior to the scheduled event start date. A public notification period is required prior to scheduling the application's Public Hearing before the Saint Paul City Council. Applications received fewer than sixty (60) days prior to the event may not satisfy the ordinance's processing timelines for placement on the Council's agenda.

1. Organization/person seeking variance: Minnes	ota United FC/ Allianz Field	
3. Address and physical description of noise soul	rce location (Event, Worksite):	
400 Snelling Ave. North - St. Paul, MN 55104		
4. Responsible person: Zacharia Litzelswope	Title: Director, Events & Gue	st Experience
5. Telephone: 612-928-6406	E-Mail: zacharia.l@mnufc.com	
6. Date(s) variance requested: Round 1 (10/15 - 10, (10/30) // MLS Cup Final (11/05)	/17) // Conference Semifinals (10/20 or 10/	
7. Noise source - Time(s) of operation: 11:00AM -		
	ck: _9:00AM	
8. Sound level requested (dBA/Decibels): 95 dBA_		
9. Mailing address w/zip code: 400 Snelling Ave. No	orth - St. Paul, MN 55104	
10. Briefly describe the noise source and equipme	ent involved: Band stage setup on Shields	
speakers inside of the Beer Garden on the Brew Hall patie		
11. Describe the steps that will be taken to minim		made to aim speakers away
from residential areas and towards the stadium		THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS
12. State reason for seeking variance (example - n	nusic, announcements, construction,	etc.): MLS Playoffs - Soccer
13. Maximum number of attendees: 19,600		
14. Describe steps that will be taken to prevent C well as highly encourage mask wearing for non-vaccinate		
15. A <u>site diagram &amp; map</u> must be attached show		
there will dream lifting a suado instinator equation a		
16. Submit completed application, site diagram/m	nap, and \$175.00 fee to:	
CITY OF SAINT PAUL		
DEPARTMENT OF SAFETY AND INSPECTIONS		
375 JACKSON STREET, SUITE 220		
SAINT PAUL, MN 55101-1806		
I understand that any social gathering associated applicable Governor Walz COVID-19 orders relati	d with this variance must be managed ing to distancing, masks and attendar	d in full compliance with all nce limits.
Signature of responsible person : <u>Jackara</u> AA-	ia Litzelswope	Date: 09/08/2022
AA-	-ADA-EEO Employer	April 2021





## **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: 09/20/2022

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

**Invoice Details** 

**Invoice Amount** 

**Amount Paid** 

1129639

Noise Variance

\$712.00

\$712.00

**TOTAL AMOUNT PAID:** 

\$712.00

## Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	09/20/2022	\$712.00