

CITY OF SAINT PAUL

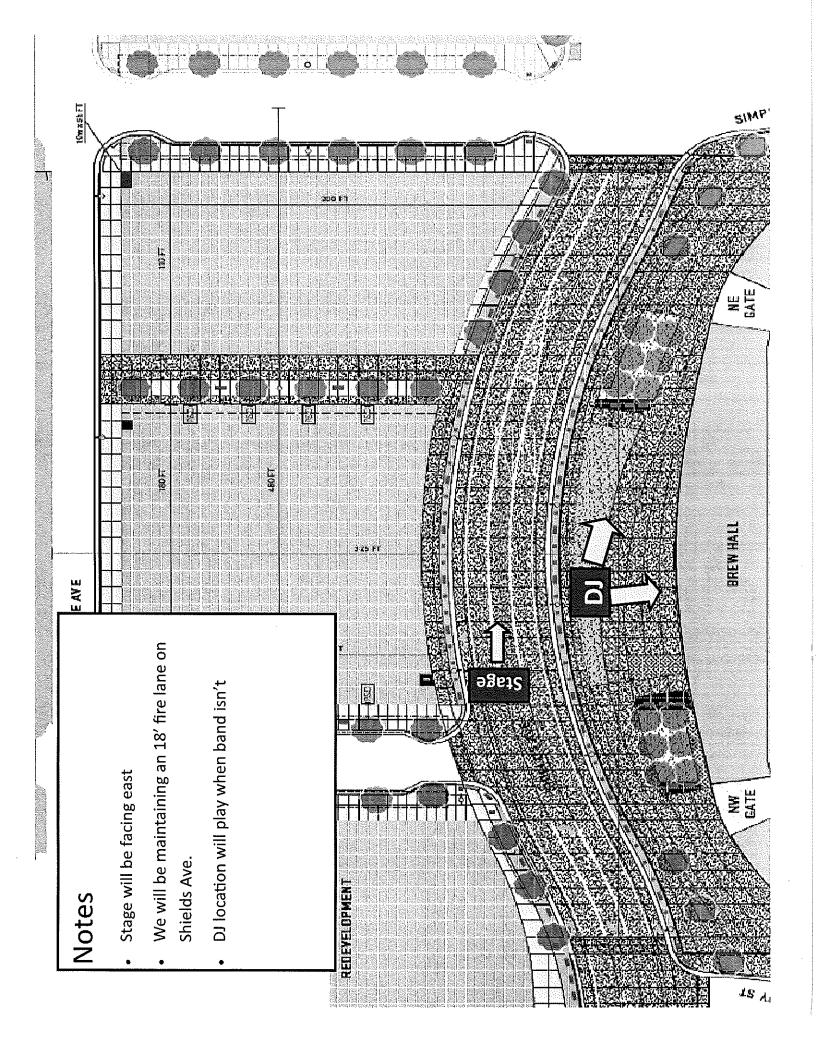
Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

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		
2. Event Name: US Men's National Team vs. Hondura	s - World Cup Qualifier		
3. Address and physical description of noise sou	rce location (Event, Worksite):		
400 Snelling Ave. North - St. Paul, MN 55104			
4. Responsible person: Zacharia Litzelswope	Title: Director, Events & G	uest Experience_	
5. Telephone: 612-928-6406	E-Mail: zacharia.l@mnufc.com		
6. Date(s) variance requested: Wednesday, Februa	ry 2, 2022		
7. Noise source - Time(s) of operation: 4:30PM - 7	:00PM		
- Time(s) of pre-event sound che	eck: 3:30PM		
8. Sound level requested (dBA/Decibels): 95 dBA			
9. Mailing address w/zip code: 400 Snelling Ave. No			
10. Briefly describe the noise source and equipme	ent involved: DJ setup with stand speak	ers inside of the	Beer Garden
on the Brew Hail patio			
11. Describe the steps that will be taken to minim	nize the noise levels: Every effort will b	e made to aim s	peakers away
from residential areas and towards the stadium.			
12. State reason for seeking variance (example - r	music, announcements, construction	n, etc.): Interna	tional Soccer
13. Maximum number of attendees: 19,600			
14. Describe steps that will be taken to prevent C	_ 'OVID-19 virus spread: Wo will follow:	all State and Lee	al guidance ac
well as highly encourage mask wearing for non-vaccinate	·		_
15. A site diagram & map must be attached show			
there will be amplified sound, indicate location a			,
NOTE: Multiple locations may require m	· ·		
16. Submit completed application, site diagram/r	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 associate applicable Governor Walz COVID-19 orders related	•	=	npliance with all
Signature of responsible person: Zacharia	Litzelswope	Date: <u>12</u>	/01/2021
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: 12/21/2021

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details Invoice Amount Paid

1121110

Noise Variance \$175.00

TOTAL AMOUNT PAID: \$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	12/21/2021	\$175.00