

CITY OF SAINT PAUL

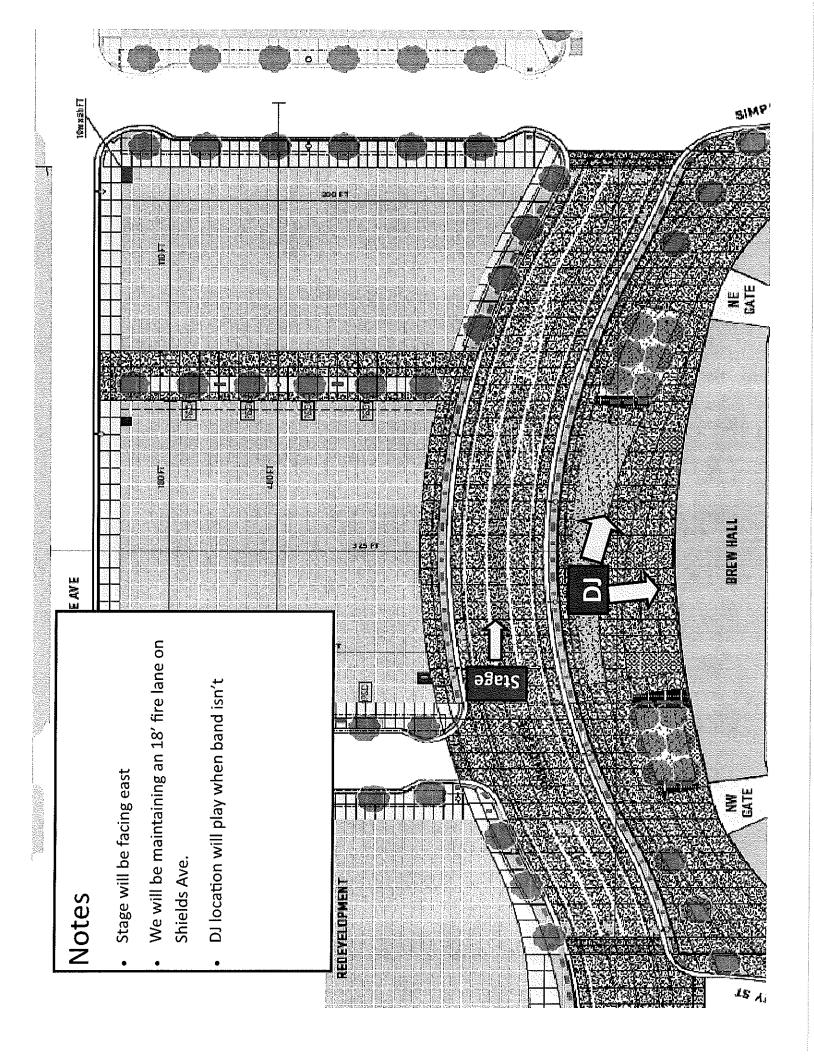
Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

## **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	<del></del>
2. Event Name: MNUFC v Colorado Rapids - MLS Regu	ular Season	
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		
5. Telephone: 612-928-6406	E-Mail: zacharia.l@mnufc.co	om
6. Date(s) variance requested: Saturday, October 9	, 2021	
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	orth - St. Paul, MN 55104	
10. Briefly describe the noise source and equipme	ent involved: Band Stage with spe	eaker sound wings placed on Shields
Ave. and/or a DJ setup with stand speakers inside of the	Beer Garden on the Brew Hall patie	o
11. Describe the steps that will be taken to minim	nize the noise levels: Every effor	t will be made to aim speakers away
from residential areas and towards the stadium.		
12. State reason for seeking variance (example - r	nusic, announcements, constr	uction, etc.): MLS Soccer Game
13. Maximum number of attendees: 19,600	_	
14. Describe steps that will be taken to prevent C	OVID-19 virus spread: We will fo	ollow all State and Local guidance as
well as highly encourage mask wearing for non-vaccinate	ed individuals in accordance with Cl	DC guidance
15. A site diagram & map must be attached show	ing location of noise source(s),	streets, stages, tents, etc. (If
there will be amplified sound, indicate location a	nd direction that all speakers	will be facing).
NOTE: Multiple locations may require me	ore than one application.	
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		
Signature of responsible person: <u>Zacharia</u>	Litzelswope	Date: 07/20/21
Signature of responsible person: <u>Zacharia</u>	-ADA-EEO Employer	April 202





## **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: 07/22/2021

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details Invoice Amount Paid

1110127

Noise Variance \$175.00

TOTAL AMOUNT PAID: \$175.00

## Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	07/22/2021	\$175.00