

375 Jackson Street, Suite 220 Saint Paul, MN 55101-180 Tel: 651-266-8989 | Fax: 651-266-9124

Sound Level Variance Application

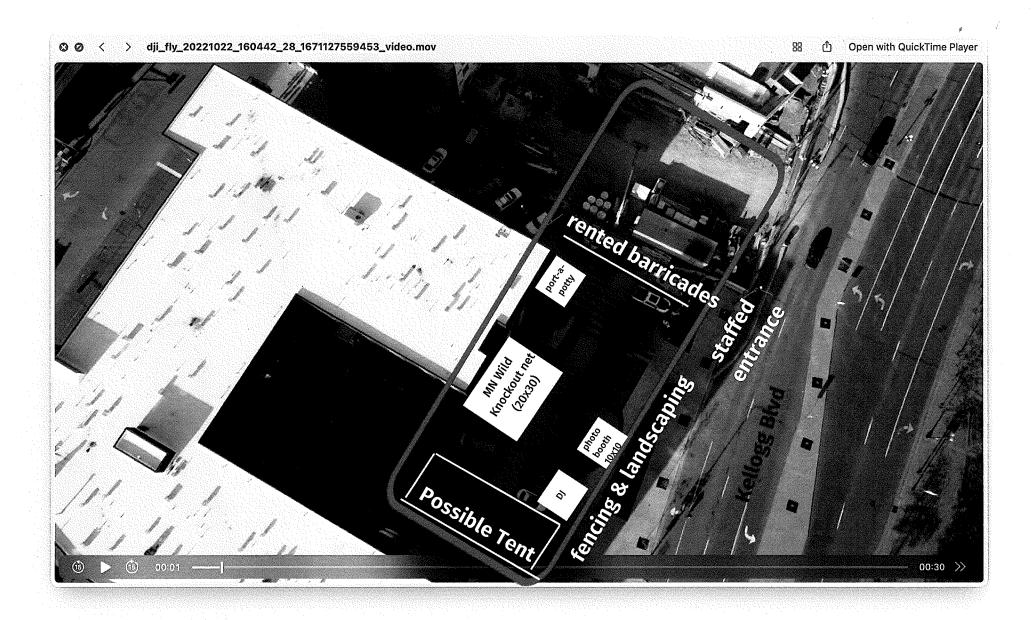
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of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

1. Organization/person seeking variance: Visit Saint Paul/Bridget McCoy
2. Event Name: NCHC Fan Fest 2023
3. Address and physical description of noise source location (Event, Worksite):
Patio of Apostle Supper Club - 253 Kellogg Blvd, St Paul, MN 55102
4. Responsible person: Bridget McCoy Title: Client Engagement Ma
5. Telephone: 651.265.4903 E-Mail: bmccoy@visitsaintpaul.c
6. Date(s) variance requested: March 17 & 18, 2023
7. Noise source - Time(s) of operation: March 17: 2pm-6pm, March 18: 3pm-7pm
- Time(s) of pre-event sound check: March 17: 1pm, March 18: 2pm
8. Sound level requested (dBA/Decibels):
9. Mailing address w/zip code: 175 Kellogg Blvd W, St Paul, MN 55102
10. Briefly describe the noise source and equipment involved:
a di will provide music for the duration of the event
11. Describe the steps that will be taken to minimize the noise levels:
professional di will be used to ensure quality control of levels
12. State reason for seeking variance (example - music, announcements, construction, etc.):
music for entertainment at fan fest event
13. Maximum number of attendees: 300
14. A <u>site diagram & map</u> 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: Bridget McCoy

Digitally signed by Bridget McCoy Date: 2023.02.23 11:24:21 -06'00'

Date: 2.23.23





DSI RECEIPT

DSI

375 JACKSON ST STE 220 SAINT PAUL, MN. 55101-18 651-266-9111

SALE

REF#: 00000003

Batch #: 408

02/23/23

C

Invoice Amount.

\$178.00

14:31:34

SVC FEE APPR CODE: 087803

APPR CODE: 066745

Trace: 3

VISA **********4060 Manual CP

AMOUNT

\$178.00

SERVICE FEE

\$4.43 \$182.43

This transaction includes a non-refundable Service Fee charged by Elavon that will appear on your credit or debit statement as [Elavon-Service Fee] All Service Fee inquirles should be directed to Elavon 7300 Chapman Hmy Knoxville. TH 37020 800-725-1243 euftenegelavon con

> NO REFUNDS ALLOWED THANK YOU

CUSTOMER COPY

Date: 02/23/2023

Received From: VISIT SAINT PAUL

175 KELLOGG BLVD W STE 502 ST PAUL MN 55102

Description:

____Invoice Details

Noise Variance

TOTAL AMOUNT PAID:

Paid By:

Payment Type	Check#	Received Date	Amount
Credit Card	V4060	02/23/2023	\$178.00