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CITY OF SAINT PAUL

JUL 1 4 2021

Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

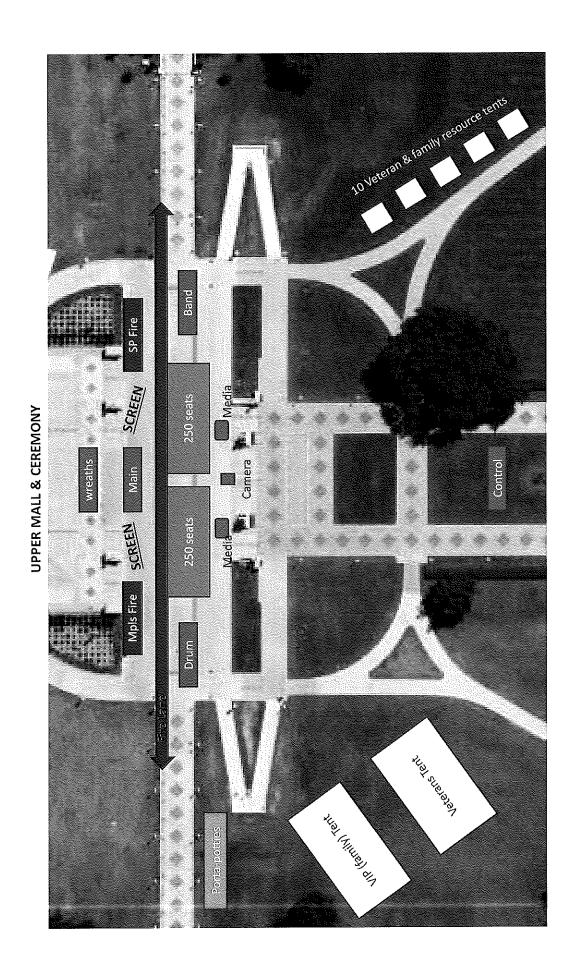
Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

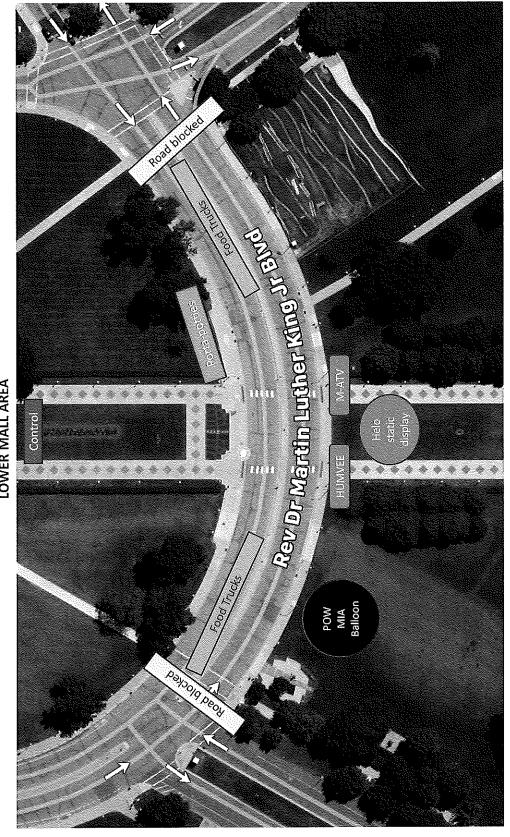
Sound Level Variance Application

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 fee 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 v	variance: MDVA					
	Event Name: 9/11 Day of Ren						
	. Address and physical description of noise source location (Event, Worksite): State Capitol Upper Mall						
4.	Responsible person: Mike McE	Ihiney	Title: Chief of S	Staff, MDVA			
	Telephone: 651-757-1530		E-Mail: mike.mcelhir	ney@state.mn.us			
6.	Date(s) variance requested: 10-11 Sep 2021						
7.	7. Noise source - Time(s) of operation: 10 Sep, 6-8pm tech rehearsal; 11 Sep 7:30am-2:00pm event - Time(s) of pre-event sound check: 10 Sep 6-8pm and 11 Sep 5:30-7:00am						
8.	Sound level requested (dBA/Decibels): 90						
9.	9. Mailing address w/zip code: 20 W. 12th St, 2nd floor, St Paul MN 55155						
10.	Briefly describe the noise source Ps and 21-gun salute rifle volley during cere	ce and equipment in	volved: Mostly spoken word the	nroughout day, projected via mics/speakers;			
	Describe the steps that will be to brief interludes during ceremony and only 1.5 hour		ie noise ieveis:	will be kept subtle and live music limited to			
	State reason for seeking varian	oce (example - music	c, announcements, consti	ruction, etc.):			
13.	Maximum number of attendees	s: 5000					
	Describe steps that will be take be followed	n to prevent COVID-	.19 virus spread: All requi	rements in place on 10-11 Sep			
15.	A <u>site diagram & map</u> must be	attached showing l	ocation of noise source(s,), streets, stages, tents, etc. (If			
the	re will be amplified sound, indic	ate location and dir	ection that all speakers พ	vill be facing). Multiple			
loc	ations may require more than o	one application.					
16.	Submit completed application, CITY OF SAINT PAUL DEPARTMENT OF SAFETY AND 375 JACKSON STREET, SUITE 2 SAINT PAUL, MN 55101-1806	DINSPECTIONS	and \$175.00 fee to:				
	iderstand that any social gathe h all applicable Governor Walz						
Sigr	nature of responsible person: _	Mike McElline	9	7/2/2021 Date:			





LOWER MALL AREA



DSI RECEIPT

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

Date: 07/15/2021

Received From: SNOWGLOBE PUBLIC RELATIONS LLC dba: SNOWGLOBE PUBLIC RELATIONS

4979 OLSON MEMORIAL HWY STE 101 GOLDEN VALLEY MN 55422

Description:

Invoice Details

Invoice Amount

Amount Paid

1109982

Noise Variance

\$175.00

\$175.00

TOTAL AMOUNT PAID:

\$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5641	07/15/2021	\$175.00