

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: Minnesota United FC/ Allianz Field
2. Event Name: MLS Skills Challenge
3. Address and physical description of noise source location (Event, Worksite):
400 Snelling Ave. North - St. Paul, MN 55104
4. Responsible person: Zacharia Litzelswope Title: Director, Events & Guest Experience
5. Telephone: 612-928-6406E-Mail: zacharia.l@mnufc.com
6. Date(s) variance requested: Tuesday August 9, 2022
7. Noise source - Time(s) of operation: 3:00PM - 7:00PM
- Time(s) of pre-event sound check: 1:00PM
8. Sound level requested (dBA/Decibels): 95 dBA
9. Mailing address w/zip code: 400 Snelling Ave. North - St. Paul, MN 55104
10. Briefly describe the noise source and equipment involved: Fan Fest that will have various sponsor activations
throughout the Great Lawn, East Lawn, and surrounding streets. Each activation will have their own sound which is focused to
their area (spaces ranges from 20x20 to 60x60)
11. Describe the steps that will be taken to minimize the noise levels: Every effort will be made to aim speakers away
from residential areas and towards the stadium.
12. State reason for seeking variance (example - music, announcements, construction, etc.): Music and
announcments
13. Maximum number of attendees: 5,000
14. Describe steps that will be taken to prevent COVID-19 virus spread: We will follow all State and Local guidance as well as highly encourage mask wearing for non-vaccinated individuals in accordance with CDC guidance.
15. A site diagram & map must be attached showing location of noise source(s), streets, stages, tents, etc. (If
there will dreamplifight an und indicate legation mand there time shangles mand the facing).
16. Submit completed application, site diagram/map, 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 with this variance must be managed in full compliance with all
applicable Governor Walz COVID-19 orders relating to distancing, masks and attendance limits.

April 2021

Date: 06/10/22





CITY OF SAINT PAUL

Signature of responsible person: <u>Jacharu</u>

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1. Organization/person seeking variance: Minneson	ota United FC/ Allianz Field	<u></u>
2. Event Name: MLS All Star Game		
3. Address and physical description of noise sour	ce location (Event, Worksite):	
400 Snelling Ave. North - St. Paul, MN 55104		
4. Responsible person: Zacharia Litzelswope	Title: Director, Event	s & Guest Experience
5. Telephone: 612-928-6406	E-Mail: zacharia.l@mnufc.co	om
6. Date(s) variance requested: Wednesday August 1	10, 2022	
7. Noise source - Time(s) of operation: 3:00PM - 7:	.00PMM400:	
- Time(s) of pre-event sound che	ck: 1:00PM	
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: Fan Fest that will ha	ave various sponsor activations
throughout the Great Lawn, East Lawn, and surrounding	streets. Each activation will have th	neir own sound which is focused to
their area (spaces ranges from 20x20 to 60x60)		
11. Describe the steps that will be taken to minim	·	·
from residential areas and towards the stadium.		
 State reason for seeking variance (example - n announcments 	nusic, announcements, constr	uction, etc.): Music and
13. Maximum number of attendees: 5,000		
14. Describe steps that will be taken to prevent Cowell as highly encourage mask wearing for non-vaccinate	•	_
15. A <u>site diagram & map</u> must be attached showi there willows ការប្រជាជាក្រុម នៃ បាន		
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 Submit completed application, site diagram/m. CITY OF SAINT PAUL 	ap, and \$175.00 fee to:	
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		•
Signature of responsible person: <u>Zacharia</u>	2 Littezelpsvo,	Date: 06/10/22

AA-ADA-EEO Employer

April 2021





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Sound Level Variance Application

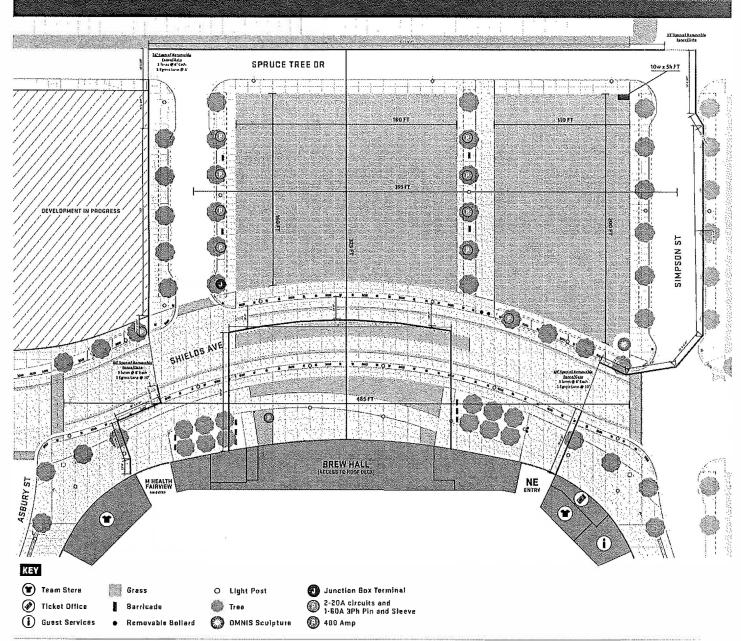
Legislative Code Chapter 293. - Noise Regulations

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1. Organization/person seeking variance: Minneson	ota United FC/ Allianz Field
2. Event Name: MLS Hospitality Event	<u> </u>
3. Address and physical description of noise sour	rce location (Event, Worksite):
400 Snelling Ave. North - St. Paul, MN 55104	
	Title: Director, Events & Guest Experience
5. Telephone: 612-928-6406	E-Mail: zacharia.l@mnufc.com
6. Date(s) variance requested: Wednesday August :	10, 2022
7. Noise source - Time(s) of operation: 9:00PM - 1	1:30PM
	ck: 8:00PM
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: Postgame hospitality event that will extend on to the
Brew Hall Patio just outside of the stadium. There will be	speakers amplifying music an announcments from teh DI that is
located inside the Brew Hall/Stadium	
11. Describe the steps that will be taken to minim	ize the noise levels: Every effort will be made to aim speakers away
from residential areas and towards the stadium.	
	nusic, announcements, construction, etc.): Music and
announcements	
13. Maximum number of attendees: 1,200	
	OVID-19 virus spread: We will follow all State and Local guidance as d individuals in accordance with CDC guidance
	ing location of noise source(s), streets, stages, tents, etc. (If
16. Submit completed application, site diagram/m	ap, 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 relationship.	d with this variance must be managed in full compliance with a ing to distancing, masks and attendance limits.
Signature of responsible person: <u>Zacharii</u>	a Litzelswope Date: 06/10/22
AA	-ADA-EÉO Employer April 202

Allianz (I) Field® HOME OF MINNESOTA UNITED

Great Lawn Site Map NORTH SIDE ACTIVATION





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: 06/14/2022

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

Invoice Amount

Amount Paid

1126905

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	06/14/2022	\$178.00



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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: 06/14/2022

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

Invoice Amount

Amount Paid

1126906

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	06/14/2022	\$178.00



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: 06/14/2022

Received From: ZACHARIA LITZELSWOPE dba; MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

Invoice Amount

Amount Paid

1126907

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Раутепt Туре	Check #	Received Date	Amount
Credit Card	V4511	06/14/2022	\$178.00