



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: Minnesota United FC v Houston Dynamo _____
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: 612-928-6406 _____ E-Mail: zacharia.l@mnufc.com _____
6. Date(s) variance requested: Saturday, August 27, 2022 _____
7. Noise source - Time(s) of operation: 12:00PM - 2:30PM _____
- Time(s) of pre-event sound check: 11:00AM _____
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: DJ setup with stand speakers inside of the Beer Garden on the Brew Hall patio. _____
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.): MLS Regular Season Soccer Game _____
13. Maximum number of attendees: 19,600 _____
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 be amplified sound, indicate location and direction that all speakers will be facing).

NOTE: Multiple locations may require more than one application.

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.

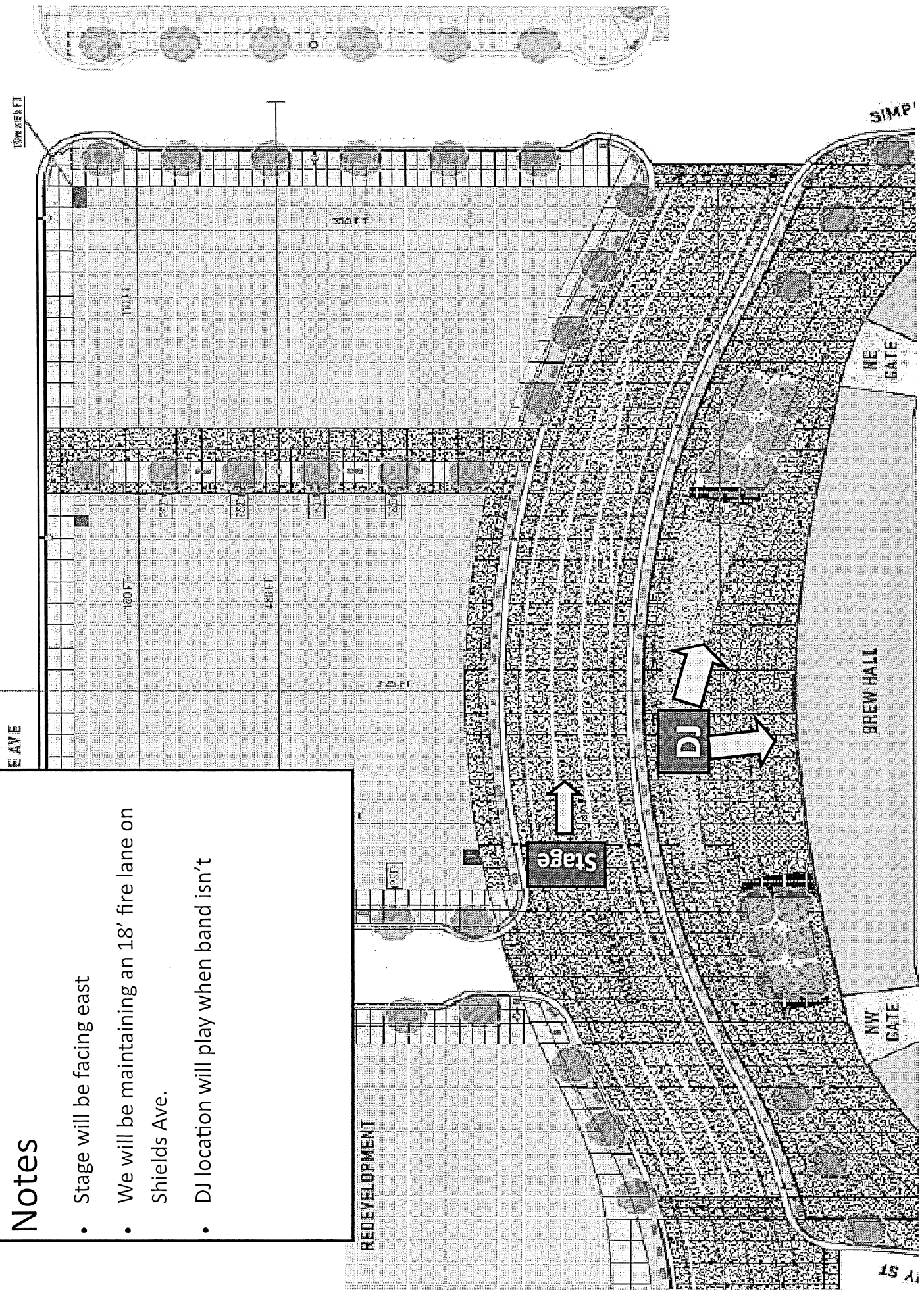
Signature of responsible person: Zacharia Litzelswope Date: 02/14/2022

AA-ADA-EEO Employer

April 2021

Notes

- Stage will be facing east
- We will be maintaining an 18' fire lane on Shields Ave.
- DJ location will play when band isn't





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: 03/17/2022

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC
400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

1122943

Noise Variance

Invoice Amount

\$2,670.00

Amount Paid

\$2,670.00

TOTAL AMOUNT PAID:

\$2,670.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	605637777777	03/17/2022	\$2,670.00



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400 Snelling Ave. North - St. Paul, MN 55104 _____
4. Responsible person: Zacharia Litzelswope _____ Title: Director, Events & Guest Experience _____
5. Telephone: 612-928-6406 _____ E-Mail: zacharia.l@mnuhc.com _____
6. Date(s) variance requested: Saturday, September 3, 2022 _____
7. Noise source - Time(s) of operation: 12:00PM - 2:30PM _____
- Time(s) of pre-event sound check: 11:00AM _____
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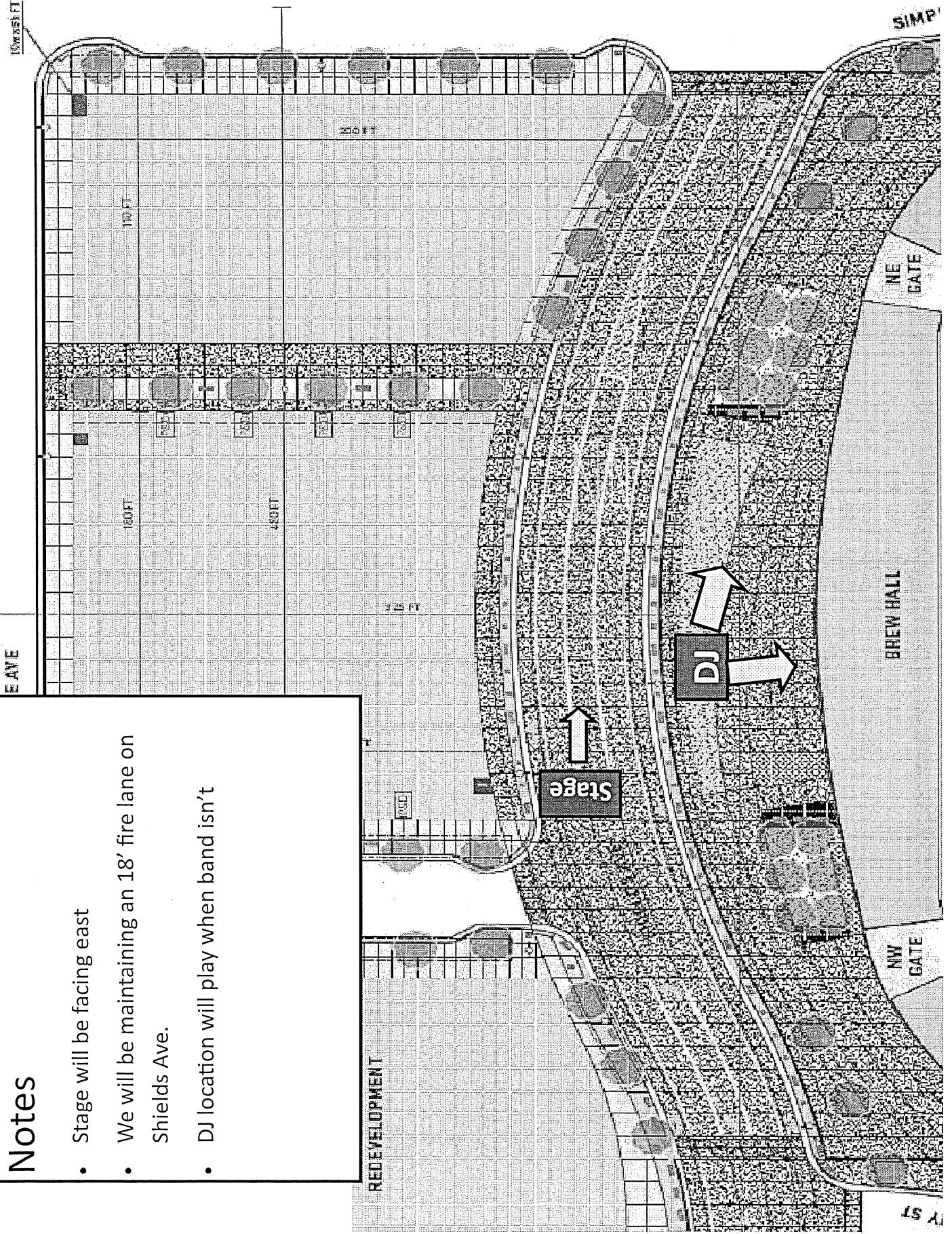
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400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details	Invoice Amount	Amount Paid
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TOTAL AMOUNT PAID:		\$2,670.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	6056377777777	03/17/2022	\$2,670.00