



Sound Level Variance Application

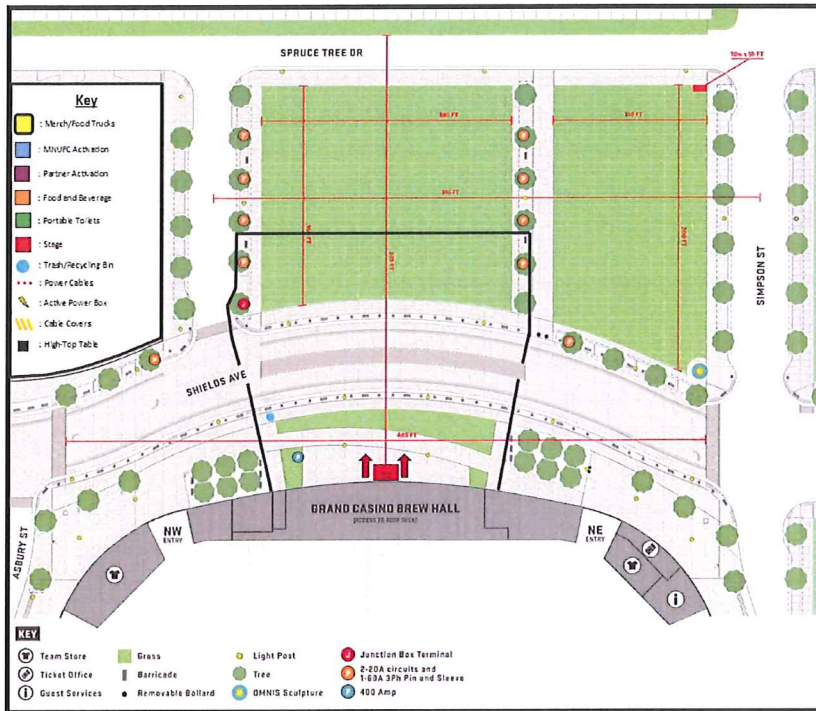
Legislative Code Chapter 293. - Noise Regulations Application and \$178 fee should be submitted a minimum of sixty (60) days prior to the event date to allow ample time for required public notification period and scheduling of a Council public hearing. Applications submitted within sixty (60) days of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

1. Organization/person seeking variance: Minnesota United/Allianz Field
2. Event Name: Minnesota United FC vs LA Galaxy
3. Address and physical description of noise source location (Event, Worksite):
400 Snelling Avenue N St Paul MN 55104
4. Responsible person: Steven Lorbiecki Title: Event Operations Manager
5. Telephone: 612-928-6405 E-Mail: Steven.L@mnufc.com
6. Date(s) variance requested: Wednesday May 15th 2024
7. Noise source - Time(s) of operation: 5:30 - 7:30PM
- Time(s) of pre-event sound check: 5:00PM
8. Sound level requested (dBA/Decibels): 95 dBa
9. Mailing address w/zip code: 400 Snelling Avenue N. 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 focus sound on the activation space and/or 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. 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. 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: Steven Lorbiecki Date: 1/16/2024

Small/Medium Setup Example—DJ
 2024 Dates: 5/15, 5/18, 7/3, 7/17, 9/18, 9/28



Large Setup Example—Stage
 2024 Dates: 6/1, 6/8, 6/22, 7/20, 8/24, 10/19





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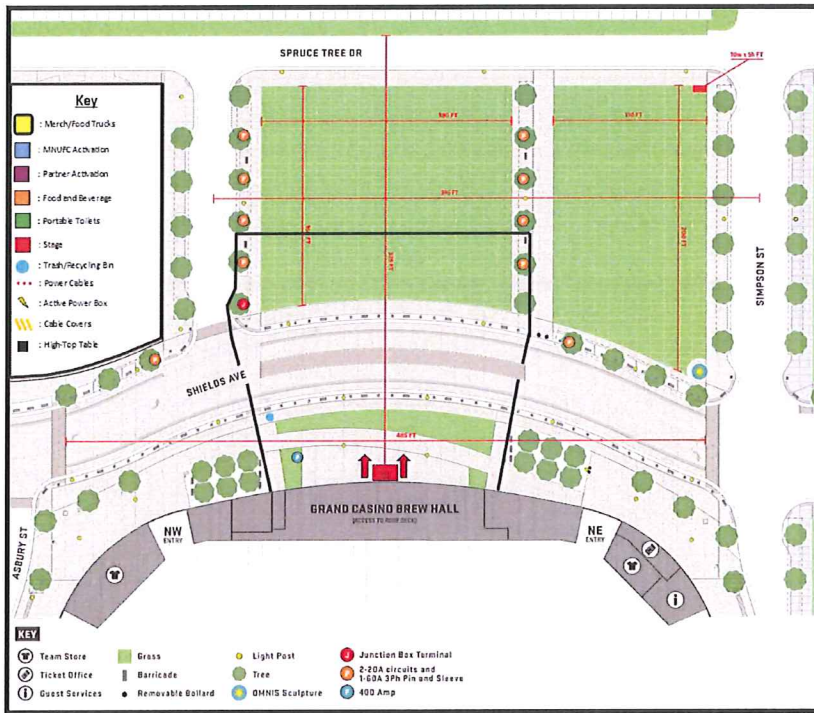
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1. Organization/person seeking variance: Minnesota United/Allianz Field
2. Event Name: Minnesota United vs. Portland Timbers
3. Address and physical description of noise source location (Event, Worksite):
400 Snelling Avenue N. St Paul MN 55104
4. Responsible person: Steven Lorbiecki Title: Event Operations Manager
5. Telephone: 612-928-6405 E-Mail: Steven.L@mnufc.com
6. Date(s) variance requested: Saturday May 18th 2024
7. Noise source - Time(s) of operation: 5:30 PM - 7:30 PM
- Time(s) of pre-event sound check: 5:00PM
8. Sound level requested (dBA/Decibels): 95 dBa
9. Mailing address w/zip code: 400 Snelling Avenue N. St Paul MN 55104
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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: 04/09/2024

Received From: STEVEN LORBIECKI dba: MINNESOTA UNITED FC
400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

1158462

Noise Variance

Invoice Amount

\$2,136.00

Amount Paid

\$2,136.00

TOTAL AMOUNT PAID:

\$2,136.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	130583	04/09/2024	\$2,136.00

LICENSE ID:



**SAINT PAUL
MINNESOTA**

Renewal Invoice

Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application.

February 26, 2024

CITY OF SAINT PAUL

Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
PHONE: (651) 266-8989
FAX: (651) 266-9124
www.stpaul.gov

STEVEN LORBIECKI
MINNESOTA UNITED FC
400 SNELLING AVE N
ST PAUL MN 55104

BUSINESS PHONE: 612-928-6405

Invoice #: 1158462

Invoice Due Date: Upon Receipt

Account Balance: \$2,136.00

Pay this Amount: \$2,136.00

Transaction Description	Transaction Total
Noise Variance	2,136.00
Requirements	Invoice Amount Due: \$2,136.00

In order for your application to be processed you must provide your Taxpayer Identification # or Social Security # here: _____.

Please give us your email address: _____

Please return this invoice with your payment!