Received



CITY OF SAINT PAUL

JUL 1 9 2023

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

City of Saint Paul - DS

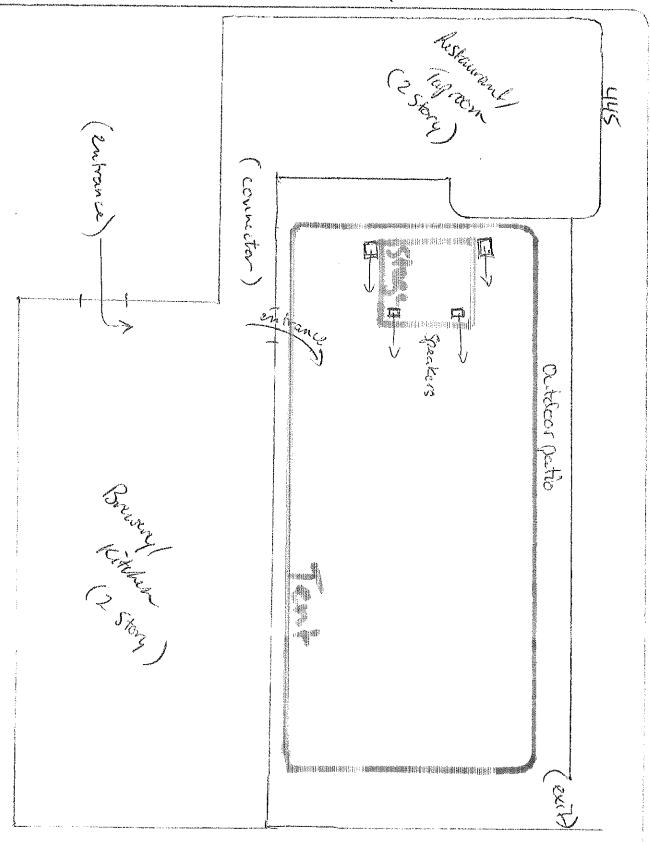
Sound Level Variance Application

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: Stone, Saloon, 5BC d/bla Waldmann
2. Event Name: Waldmann Oktoberfest
3. Address and physical description of noise source location (Event, Worksite): 445 Smith Av N,
south side of building in our outdoor patto space
4. Responsible person: Tom-Schroeder Title: Pres/CEO
5. Telephone: 612-385-8838 E-Mail: tom@waldmannbrewery.com
6. Date(s) variance requested: Sept. 22-24; Sept. 29-Oct. 1
7. Noise source - Time(s) of operation: Noon - 10pm Sept. 25, 23, 29, 30: noon - 7pm
- Time(s) of pre-event sound check: 1 happor Septen, Oct.
8. Sound level requested (dBA/Decibels): 85 dBA
9. Mailing address w/zip code: Waldmann Brewery, 445 Smith Av N, St. Paul MN 55102
10. Briefly describe the noise source and equipment involved: Music and announcements from
PA system (Samsung Exped. x P300 or equivalent) with 2 stand speakers
11. Describe the steps that will be taken to minimize the noise levels: Strict adherence to daily end- times, decibel testing throughout performances, commitment to constant mon- 12. State reason for seeking variance (example - music, announcements, construction, etc.): To permit musicians and amouncers to be heard above conversation of attendes.
there will be amplified sound, indicate location and direction that all speakers will be facing).
Multiple locations may require more than one application. ${}^{ ho}_{ ho}$
14. 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
Signature of responsible person: \[\langle \l

AA-ADA-EEO Employer



Smin Are



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: 08/02/2023

Received From: STONE SALOON SBC dba: WALDMANN

194 MCBOAL ST ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

1146498

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5052	08/02/2023	\$175.00
Check	5036	08/02/2023	\$3.00