

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

April 2021

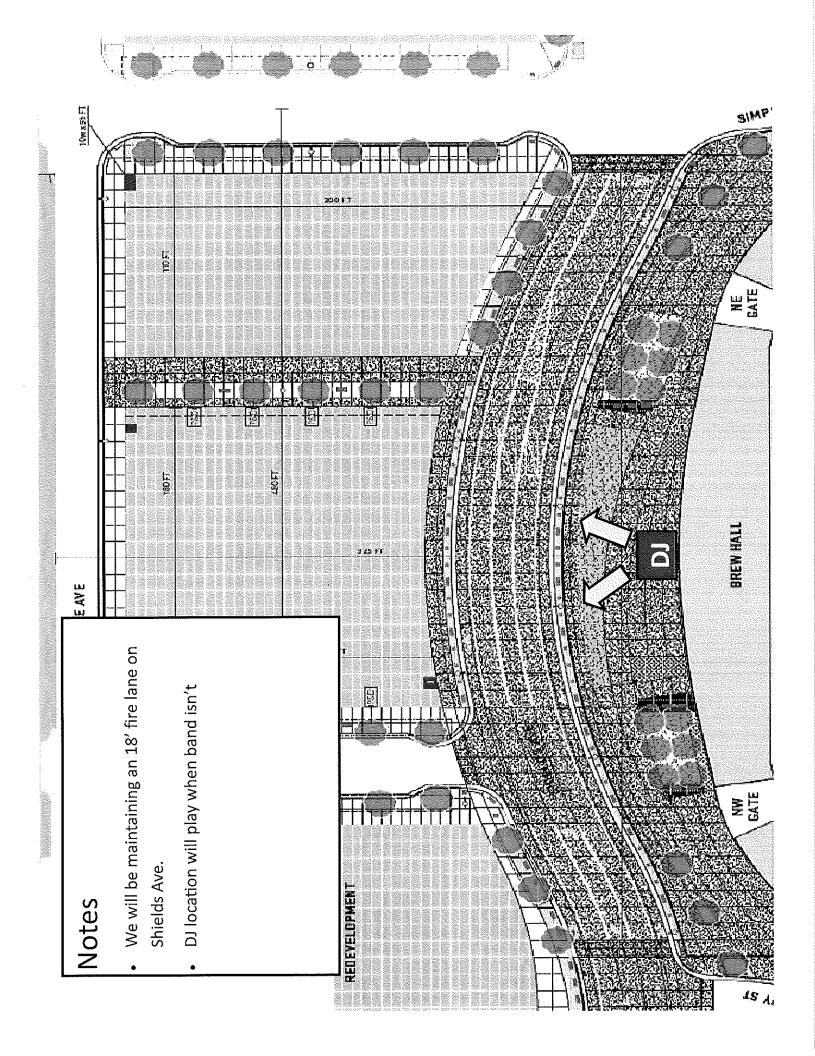
## **Sound Level Variance Application**

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 Chicago Fire	
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: Thursday, July 27, 2023	
7. Noise source - Time(s) of operation: 4:00PM - 7:30PM	
- Time(s) of pre-event sound check: 3:00PM	
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: 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 Leagues Cup	
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	5
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 applicable Governor Walz COVID-19 orders relating to distancing, masks and attendance limits.	all
Simply of manage the name of the factor of the factor of 1/23/23	

AA-ADA-EEO Employer





## **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: 06/26/2023

Received From: ZACHARIA LITZELSWOPE dba: ALLIANZ FIELD

400 SNELLING AVE N ST PAUL MN 55104

Description:

**Invoice Details** 

Invoice Amount

**Amount Paid** 

1145146

Noise Variance

\$178.00

\$178.00

**TOTAL AMOUNT PAID:** 

\$178.00

#### Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	06/26/2023	\$178.00



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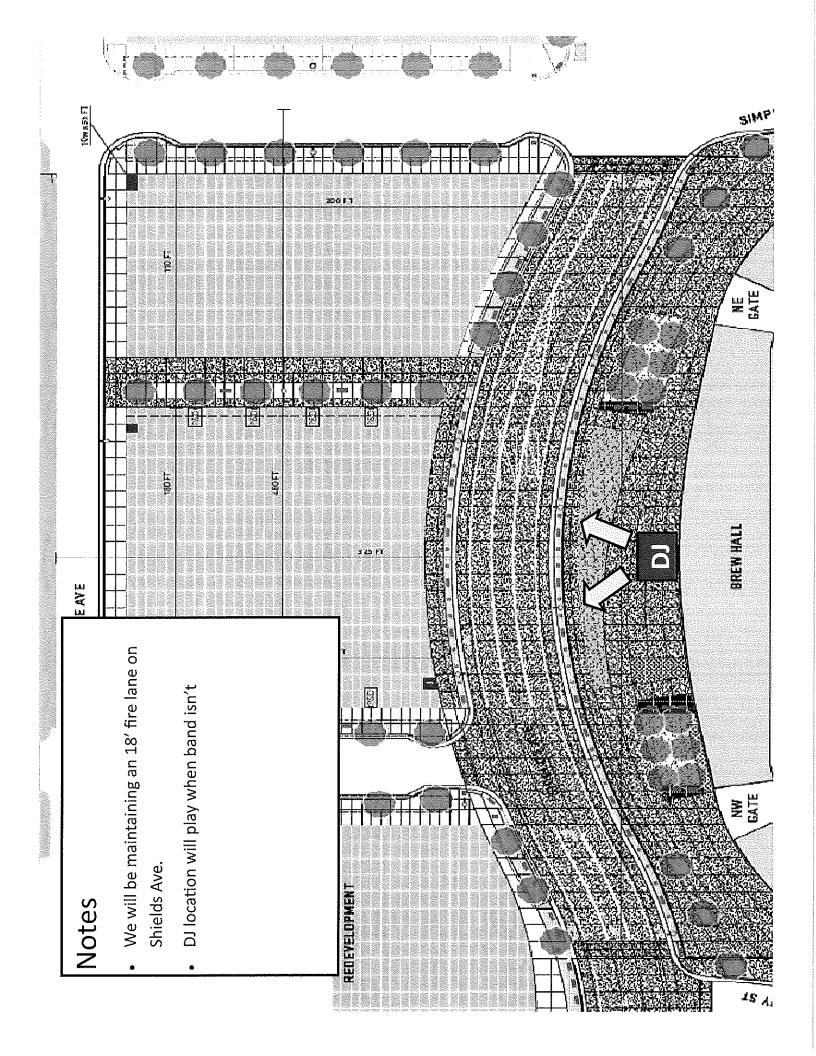
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5. Telephone: 612-928-6406E-Mail: zacharia.l@mnufc.com
6. Date(s) variance requested: Sunday, July 23, 2023
7. Noise source - Time(s) of operation: 4:00PM - 7:30PM
- Time(s) of pre-event sound check: 3:00PM
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SAINT 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.
Detail 05/23/23

AA-ADA-EEO Employer





# **DSI RECEIPT**

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Date: 06/26/2023

Received From: ZACHARIA LITZELSWOPE dba: ALLIANZ FIELD

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details Invoice Amount Paid

1145144

Noise Variance \$178.00

TOTAL AMOUNT PAID: \$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
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