

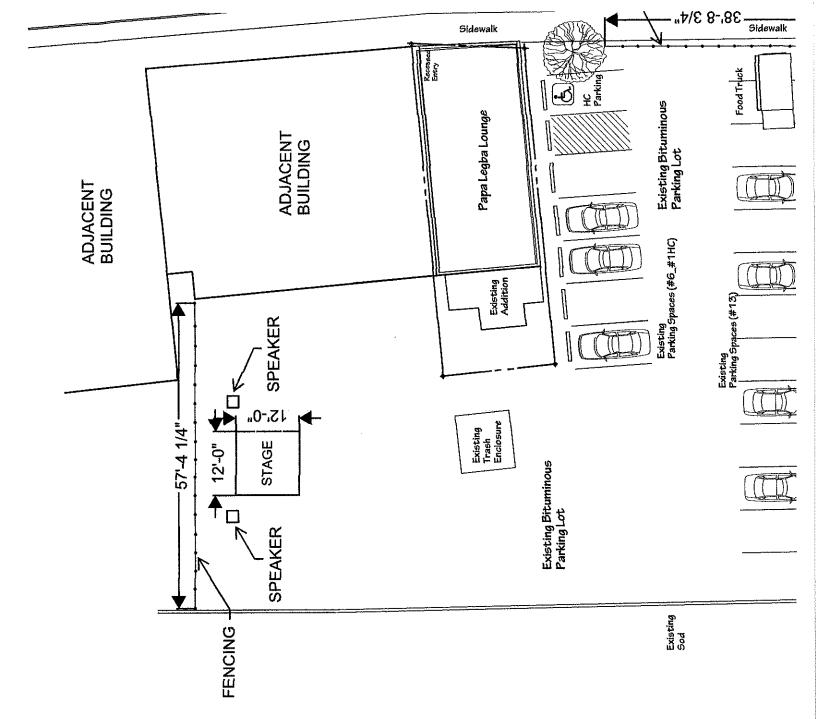
375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Receivedel: 651-266-8989 | Fax: 651-266-9124

MAY 08 2023

## **Sound Level Variance Application**

Legislative Code Chapter 293. - Noise Regulations Application and \$178 feeshould 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: Papa Legba's Lounge LLC				
2.	Event Name: Twin Cities Jazz Fest Line Up				
	Address and physical description of noise source location (Event, Worksite): Event  0 & 202 Cesar Chavez St. Saint Paul, MN 55107				
4.	Responsible person: Dally Rose Agnew				
	Telephone: 612-810-2807 E-Mail: dretheridge@comcast.net				
6.	Date(s) variance requested: June 23rd and 24th 2023				
7.	Noise source - Time(s) of operation: Friday June 23rd 3pm - 10 pm Saturday June 24th 3pm till 10pm				
	- Time(s) of pre-event sound check: 3-4pm during event time above				
8.	Sound level requested (dBA/Decibels): 65 dBA				
9.	Mailing address w/zip code: 4408 Edinbrook Ter., Brooklyn Park, MN 55443				
	Briefly describe the noise source and equipment involved: PA system including microphone and amplifier				
11.	Describe the steps that will be taken to minimize the noise levels: Plan to have 3 total performances				
	on Friday from 8-10pm and Saturday Saxophonist at 5-7pm followed by Wain McFarlane starting at 8:00 till 10:00 pm				
	State reason for seeking variance (example - music, announcements, construction, etc.):pa Legba is hosting free live music as part of the Twin Cities Jazz Fest 2023				
13.	Maximum number of attendees: 150				
14.	A <u>site diagram &amp; map</u> 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.				
Mu	Itiple 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				
any limi					
3igi	nature of responsible person: $AUMAM$ Date: $\frac{3/3/2023}{}$				





## **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: 05/09/2023

Received From: PAPA LEGBA'S LOUNGE LLC dba: PAPA LEGBA'S LOUNGE

4408 EDINBROOK TER BROOKLYN PARK MN 55443

Description:

Invoice Details Invoice Amount Paid

1143981

Noise Variance \$178.00

TOTAL AMOUNT PAID: \$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	6315	05/09/2023	\$178.00