

JUL 21 2014



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220  
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: www.stpaul.gov/dsi

7/21/14  
pd wick # 20241  
\$ 164.00

### Sound Level Variance Application

City of Saint Paul Noise Ordinance  
Chapter 293 of the Saint Paul Legislative Code

**Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than thirty (30) days prior to the public hearing date that is nearest the variance start date. Public hearings are only held on the first and third Wednesday of each month. Variance start dates must be after the public hearing date.**

1. Organization/person seeking variance: Midwest Latino Entertainment & Talent, Inc
2. Mailing Address w/zip code: 2709 E. Lake St. Mpls, MN 55406
3. Responsible person: Maya Santamaria
4. Title or position: Owner, President
5. Telephone: (651) 231-1304 E-Mail: nuevorodeo2004@yahoo.com
6. Briefly describe the noise source and equipment involved: Sound equipment used for all of our inner-city festivals. Smaller system. Not a large system like Taste etc. P/N 052822320044
7. Address or legal description of noise source: Speakers from Audio table. Corner of Plato Blvd and Livingston on Middle of Blk. toward East Side
8. Noise source time of operation: 12 noon - 10pm
9. Date(s) during which the variance is requested: Only Aug 10<sup>th</sup> (Sunday)
10. Describe the steps that will be taken to minimize the noise levels: Audio limiter level be used to limit to 80 decibels @ audio test 100 ft from speakers.
11. Briefly state reason for seeking variance: Special Event Application submitted for Aug 10<sup>th</sup> Latin festival
12. Attach site diagram 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.
13. Return completed Application and **\$164.00** fee to:

CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MN 55101-1806  
(651) 266-8989

Signature of responsible person: Maya Santamaria Date: 7/10/14

6/18/14



# 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: 07/21/2014

Received From: MIDWEST LATINO ENT & TALENT INC  
2059 PIN OAK DRIVE EAGAN MN 55122

**Description:**

**Invoice Details**

899855

Noise Variance

**Invoice Amount**

\$164.00

**Amount Paid**

\$164.00

**TOTAL AMOUNT PAID:**

**\$164.00**

**Paid By:**

Payment Type	Check #	Received Date	Amount
Check	20241	07/21/2014	\$164.00