SAINT PAUL
SAFETY & INSPECTIONS

DEPARTMENT OF SAFETY & INSPECTIONS (DSI)
ANGIE WIESE, DIRECTOR

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

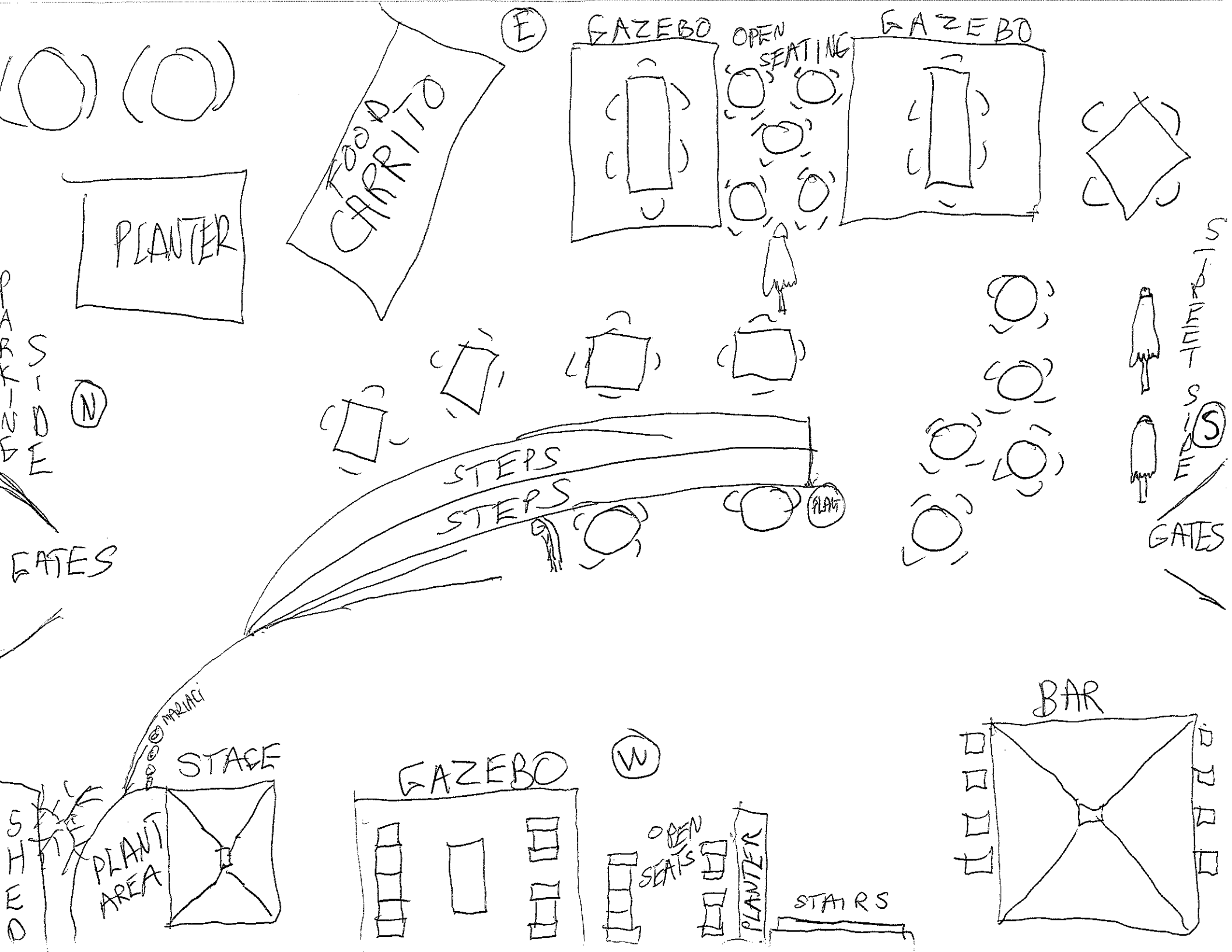
Sound Level Variance Application

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:* Milissa Silva, El Burrito Mercado
2. *Event Name:* La Mezcla Thursdays
3. *Address and physical description of noise source location (Event, Worksite):* 175 Cesar Chavez St St Paul, MN 55107 Patio
4. *Responsible person:* Milissa Silva *Title:* CEO / Owner
5. *Telephone:* 651-403-3804 *E-Mail:* milissa@elburritomercado.com
6. *Date(s) variance requested:* June 5, 12, 19, 26 July 10, 17, 24, 31 Aug 7, 14, 21, 28
7. *Noise source - Time(s) of operation:* Speakers (2) 5-9:30
   - Time(s) of pre-event sound check: na
8. *Sound level requested (dBA/Decibels):* 70 dba
9. *Mailing address w/zip code:* 175 Cesar Chavez St Street MN 55107
10. *Briefly describe the noise source and equipment involved:* DJ or Live music w/ mics & 2 speakers, mixer facing Cesar Chavez St traffic
11. *Describe the steps that will be taken to minimize the noise levels:* facing the speakers towards Cesar Chavez St helps w/ noise sounds because traffic is that way
12. *State reason for seeking variance (example - music, announcements, construction, etc.):* Music events
13. *Maximum number of attendees:* 80
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

Signature of responsible person: Milissa **Date:** 4/8/25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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: 04/14/2025

Received From: EL BURRITO MERCADO
175 CESAR CHAVEZ ST SAINT PAUL MN 55107

Description:

Invoice Details	Invoice Amount	Amount Paid
1177693		
Noise Variance	$178.00	$178.00

TOTAL AMOUNT PAID: **$178.00**

Paid By:

Payment Type	Check #	Received Date	Amount
Check	19271	04/14/2025	$178.00