

CITY OF SAINT PAUL

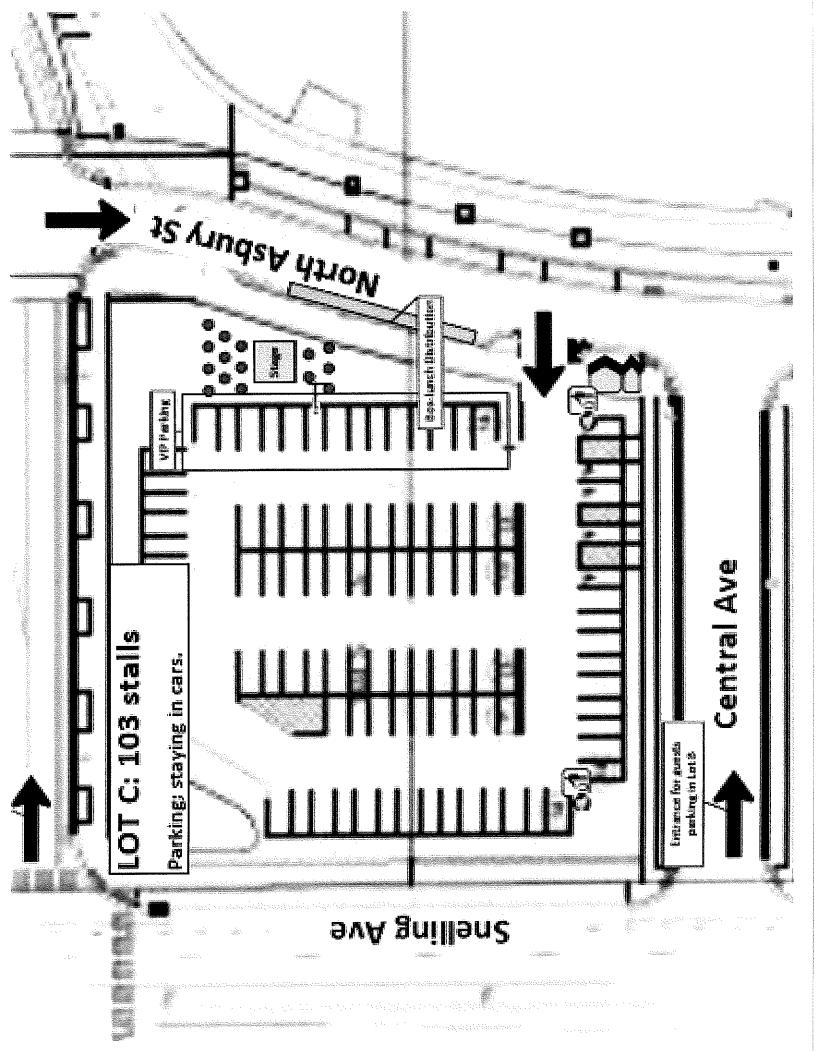
Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

## **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: Allianz Field		
2. Event Name: Small Sums Luncheon Fundraiser at Allianz Field		-
3. Address and physical description of noise source locati	on (Event, Worksite):	
400 Snelling Ave. North - St. Paul, MN 55104		
4. Responsible person: Zacharia Litzelswope	Title: Director, Events & Guest E	xperience
5. Telephone: 612-928-6406E-M		
6. Date(s) variance requested: Thursday, September 23, 2021		
7. Noise source - Time(s) of operation: 11:00AM - 1:00PM_		
- Time(s) of pre-event sound check: 10:00	AM	
8. Sound level requested (dBA/Decibels): 95 dBA		TOTAL TOTAL CONTROL OF THE CONTROL O
9. Mailing address w/zip code: 400 Snelling Ave. North - St. P.	aul, MN 55104	
10. Briefly describe the noise source and equipment involve	ved: Small stage with speakers for a	person to present
11. Describe the steps that will be taken to minimize the n	oise levels: Every effort will be mad	de to focus to sound
towards the small group surrounding the stage as this is the prima	y focus of the event	
12. State reason for seeking variance (example - music, an		
13. Maximum number of attendees: 400		
14. Describe steps that will be taken to prevent COVID-19 well as highly encourage mask wearing for non-vaccinated individu		
15. A <u>site diagram &amp; map</u> must be attached showing locat		
there will be amplified sound, indicate location and direct		
there will be diffplined sound, incloded location and all est		
NOTE: Multiple locations may require more than		
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		
SAMT FACE, IVIN SSICI-1000		
I understand that any social gathering associated with the applicable Governor Walz COVID-19 orders relating to dis		
Signature of responsible person: <u>Zacharia Litze</u>	lswops	Date: <u>07/23/21</u>
AA-ADA-EE	O Employer	April 2021





## **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: 08/13/2021

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details Invoice Amount Paid

1110943

Noise Variance \$175.00

TOTAL AMOUNT PAID: \$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	08/13/2021	\$175.00