

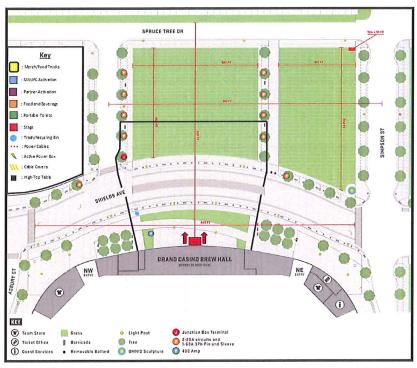
375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

### **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.	1. Organization/person seeking variand	ce: Minnesota United/Allianz Field				
		Event Name: Minnesota United FC vs LA Galaxy				
3.		noise source location (Event, Worksite):				
4.	1. Responsible person: Steven Lorbiecki	Title: Event Operations Manager				
5.	5. Telephone: 612-928-6405	E-Mail: Steven.L@mnufc.com				
6.	Date(s) variance requested: Wednesday May 15th 2024					
	Noise source - Time(s) of operation: 5:30 - 7:30PM					
	- Time(s) of pre-event so					
8.	3. Sound level requested (dBA/Decibels	:): <u>95</u> dBa				
9.	<b>9.</b> Mailing address w/zip code: 400 Sno	Mailing address w/zip code: 400 Snelling Avenue N. St Paul, MN 55104				
	Briefly describe the noise source and equipment involved:					
DJ	J setup with stand speakers inside of the	beer garden on the brew hall patio				
	1. Describe the steps that will be taken very effort will be made to focus sound o	to minimize the noise levels: n the activation space and/or towards the stadium				
	2. State reason for seeking variance (ex ILS Regular Season Soccer Game	kample - music, announcements, construction, etc.):				
13.	3. Maximum number of attendees: 19,60	00				
14.	<b>I.</b> A <u>site diagram &amp; map</u> must be attac	hed showing location of noise source(s), streets, stages, tents,				
etc.	c. (If there will be amplified sound, indi	icate location and direction that all speakers will be facing.				
Mu	ultiple locations may require more that	n one application.)				
<b>15.</b>	5. Submit completed application, site d CITY OF SAINT PAUL, DEPARTME INSPECTIONS 375 JACKSON STRE SAINT PAUL, MN 55101-1806	ENT OF SAFETY AND				
any	ny applicable Mayor Carter executive on the mits.	ated with this variance must be managed in compliance with order regarding vaccinations, distancing, masks and attendance				
Sign	gnature of responsible person:	Steven Lorbiscki Date: 1/16/2024				

# Small/Medium Setup Example—DJ 2024 Dates: 5/15, 5/18, 7/3, 7/17, 9/18, 9/28





Large Setup Example—Stage 2024 Dates: 6/1, 6/8, 6/22, 7/20, 8/24, 10/19







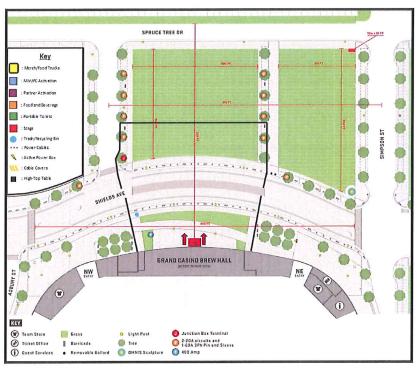
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# **Sound Level Variance Application**

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: Minnesota United/Allianz Field					
<u>٠</u> .	Event Name: Minnesota United vs. Portland Timbers					
	Address and physical description of noise source location (Event, Worksite):					
	Snelling Avenue N. St Paul MN 55104					
4.	Responsible person: Steven Lorbiecki					
	Telephone: 612-928-6405					
6.	Date(s) variance requested: Saturday May 18th 2024					
7.	Noise source - Time(s) of operation: 5:30 PM - 7:30 PM					
	- Time(s) of pre-event sound check: 5:00PM					
8.	Sound level requested (dBA/Decibels): 95 dBa					
9.	Mailing address w/zip code: 400 Snelling Avenue N. St Paul MN 55104					
<i>10</i> .	<b>0.</b> Briefly describe the noise source and equipment involved:					
DJ	setup with stand speakers inside of the beer garden on the brew hall patio					
	Describe the steps that will be taken to minimize the noise levels:ery 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 Regular Season Soccer Game						
	Maximum number of attendees: 19,600					
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	ltiple 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					
	derstand any social gathering associated with this variance must be managed in compliance with applicable Mayor Carter executive order regarding vaccinations, distancing, masks and attendance its.					
Sigr	nature of responsible person: Staven Lorbiscki Date: 1/16/2024					

#### Small/Medium Setup Example—DJ 2024 Dates: 5/15, 5/18, 7/3, 7/17, 9/18, 9/28





Large Setup Example—Stage 2024 Dates: 6/1, 6/8, 6/22, 7/20, 8/24, 10/19







# **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: 04/09/2024

Received From: STEVEN LORBIECKI dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

**Invoice Details** 

**Invoice Amount** 

**Amount Paid** 

1158462

Noise Variance

\$2,136.00

\$2,136.00

**TOTAL AMOUNT PAID:** 

\$2,136.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	130583	04/09/2024	\$2,136.00



# **Renewal Invoice**

☐ Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application.

February 26, 2024

# **CITY OF SAINT PAUL**

Department of Safety and Inspections 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 PHONE: (651) 266-8989 FAX: (651) 266-9124 www.stpaul.gov

STEVEN LORBIECKI MINNESOTA UNITED FC 400 SNELLING AVE N ST PAUL MN 55104

**BUSINESS PHONE: 612-928-6405** 

**Invoice #**: 1158462

Invoice Due Date: Upon Receipt Account Balance: \$2,136.00

Pay this Amount: \$2,136.00

Transaction Description		Transaction Total
Noise Variance		2,136.0
Requirements	Invoice Amount Due:	\$2,136.00
In order for your application to be processed you m Security # here:	nust provide your Taxpayer Identification	ı # or Social
Please give us your email address:		
Please return this invoice with your payment!		