

CITY OF SAINT PAUL

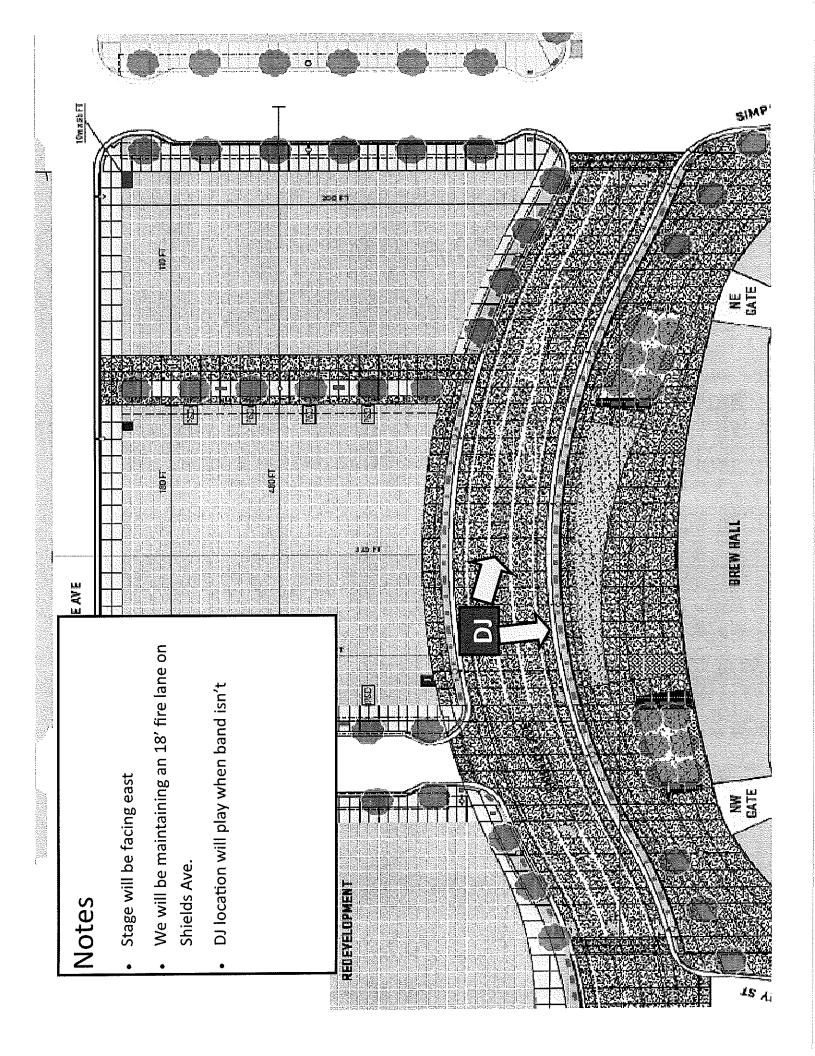
Business Licensing 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.sipaul.gov/dsi

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: Minnes	ota United FC/ Allianz Field
2. Event Name: United Way Action Day @ Allianz Fiel	id
3. Address and physical description of noise sou	rce location (Event, Worksite):
400 Snelling Ave. North - St. Paul, MN 55104	
	Title: Director, Events & Guest Experience
5. Telephone: 612-928-6406	E-Mall: zacharia.l@mnufc.com
6. Date(s) variance requested: Thursday, August 12	2 , 2021
7. Noise source - Time(s) of operation: 9:00AM - 6	5:30PM
- Time(s) of pre-event sound che	eck: 8:30AM
8. Sound level requested (dBA/Decibels): 95 dBA	
9. Mailing address w/zip code: 400 Snelling Ave. No	orth - St. Paul, MN 55104
- 10분(MT-8-1) - 10분(MT-MT-MT-MT-MT-MT-MT-MT-MT-MT-MT-MT-MT-M	ent involved: DJ setup with stand speakers on Shields Ave
11. Describe the steps that will be taken to minim	nize the noise levels: Every effort will be made to aim speakers away
from residential areas and towards the stadium	
12. State reason for seeking variance (example - r interactive corporate partner experiences outside the st	그 그 그는 그는 그는 그는 그는 그를 끊으는 지수를 가는 것이 없었다.
14. Describe steps that will be taken to prevent C	OVID-19 virus spread: We will follow all State and Local guidance as ed individuals in accordance with CDC guidance
	ing location of noise source(s), streets, stages, tents, etc. (If
there will be amplified sound, indicate location a	
NOTE: Multiple locations may require m	ore than one application.
16. Submit completed application, site diagram/r	
CITY OF SAINT PAUL	
DEPARTMENT OF SAFETY AND INSPECTIONS	불명불발로 하다 그를 만든하실 이번 하
375 JACKSON STREET, SUITE 220	
SAINT PAUL, MN 55101-1806	
	ed with this variance must be managed in full compliance with a
applicable Governor Walz COVID-19 orders relat	ing to distanting masks and attendance limits.
Signature of responsible person :	Date: 06/25/21
AA	A-ADA-EEO Employer April 2021





DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesola 55101-1806 Phone: (651) 266-8989 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 07/08/2021

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

Invoice Amount

Amount Paid

1109846

Noise Variance

\$175.00

\$175.00

TOTAL AMOUNT PAID:

\$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	07/08/2021	\$175.00