

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: Stone Saloon, SBC dba Waldmann Brewery			
2. Event Name: Waldmann Oktoberfest			
3. Address and physical description of noise source location	n (Event, Worksite): 445 Smith Av N. on south		
side of building in our outdoor patio space			
4. Responsible person: Tom Schroeder	Title: President/CEO		
5. Telephone: 612-385-8838	E-Mail: tom@waldmannbrewery.com		
6. Date(s) variance requested: Sept. 19-21, 26-28			
7. Noise source - Time(s) of operation: noon-10pm on Sept 19, 20, 26 and 27; noon-7pm 21 & 28			
- Time(s) of pre-event sound check: 1 hour			
8. Sound level requested at 50 feet from noise source (dBA/	Decibels): 85db		
9. Mailing address w/zip code: Waldmann Brewery, 445 Smith Av N, St. Paul MN 55102			
10. Briefly describe the noise source and equipment involved: Music and announcements from PA system			
(Samsung Exped XP300 or equivalent) with 2 speakers on stands			
11. Describe the steps that will be taken to minimize the noise levels: Strict adherence to event ending			
times, frequent decibel testing, and commitment to respectful and responsible monitoring			
12. State reason for seeking variance (example - music, announcements, construction, etc.): To enable			
musicians, entertainers adn announcements to be he	ard		
13. Maximum number of attendees: 300/day			
14. A site diagram & map must be attached showing location	on of noise source(s), streets, stages, tents, etc.		

(If there will be amplified sound, indicate location and direction that all speakers will be facing).

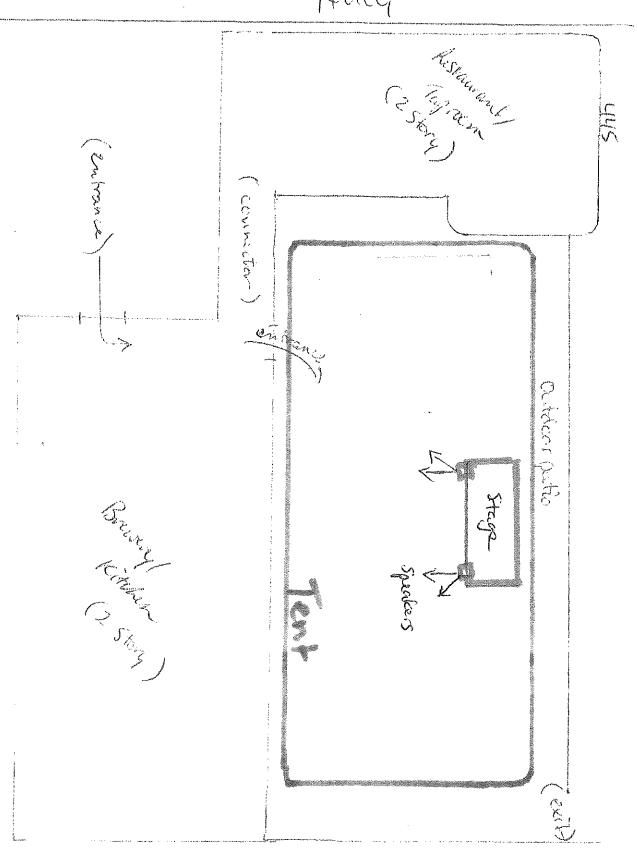
15. Submit completed application, site diagram/map, and \$178 fee to:

CITY OF SAINT PAUL **DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806**

Multiple locations may require more than one application.

Signature of responsible person:

Date: July 21, 2025



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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: 07/21/2025

Received From: STONE SALOON SBC dba: WALDMANN

194 MCBOAL ST ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

1180499

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	5564	07/21/2025	\$178.00