



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: 06/11/2014

Received From: MARY FLORES dba: LA CUCARACHA
36 DALE ST ST PAUL MN 55102

Description:

Invoice Details

896678

Noise Variance

Invoice Amount

Amount Paid

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	11113	06/11/2014	\$164.00



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Application for Sound Level Variance

City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

1. Organization or person seeking variance: La Cucaracha Restaurant
2. Mailing Address with Zip Code: 36 S. Dale St. St. Paul MN 55102
3. Responsible person: Mary (GINA) Flores
4. Title or position: Co-owner
5. Telephone: 612-280-4048
6. Briefly describe the noise source and equipment involved: Live band Musical equipment
7. Address or legal description of noise source: 36 S. Dale St St Paul MN 55102
8. Noise source time of operation: 12-6pm
9. Briefly describe the steps that will be taken to minimize the noise levels: Will not take place in the evening
10. Briefly state reason for seeking variance: 50 years in business
11. Date(s) during which the variance is requested: Sat. 9/13/14

Signature of responsible person: Mary Flores Date: 6-6-14

Return completed Application and \$164.00 fee to:
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806
(651) 266-8989

Office Use Only	
Date Rec'd.	_____
Reviewed	_____
Date Public Notice Sent	_____
Referred to Council	_____

NOTE: APPLICATION MUST BE RECEIVED NO FEWER THAN 30 (THIRTY) DAYS PRIOR TO THE EVENT DATE