

CITY OF SAINT PAUL

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

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

RECEIVED IN D.S.I.

JUN 06-2019

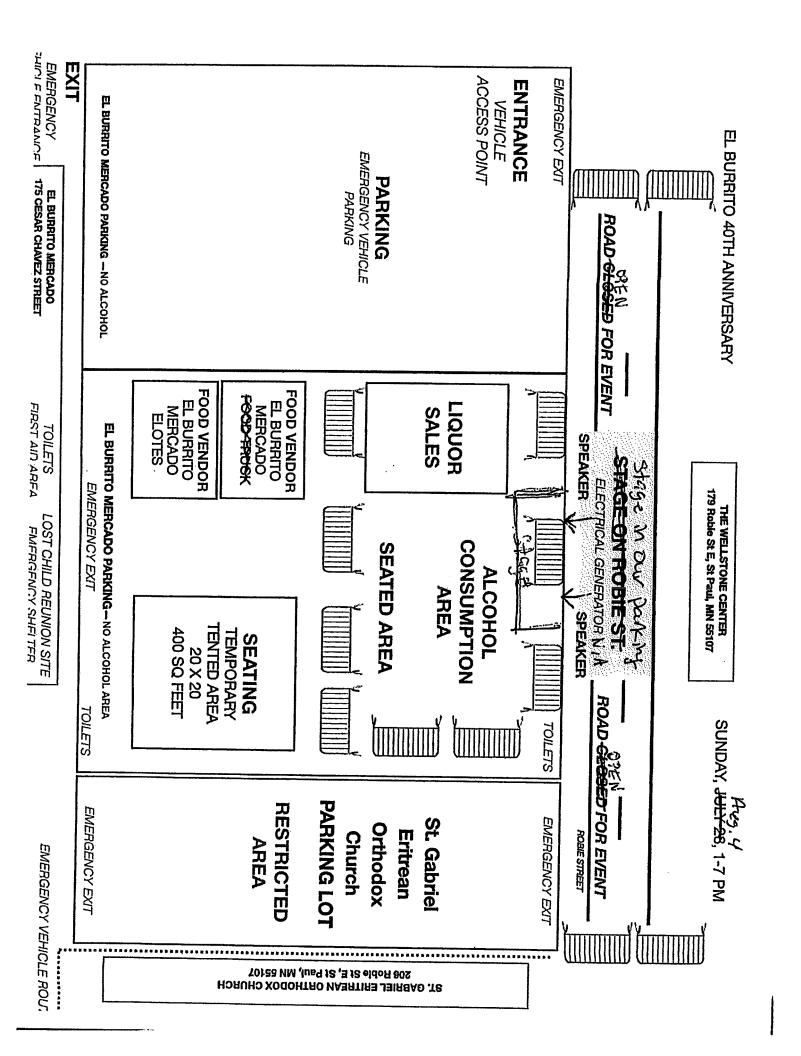
Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required.	Application and fee must be received no
fewer than forty five (45) days prior to the public hearing date that is	hefore the requested Variance start date

	•
1. Organization/person seeking variance: EL BURRITO MERCAD	0
2. Mailing Address w/zip code: 175 (EJAR CHAVER ST. ST.	PAUL MN 55107
3. Responsible person: ANALYTA SILVA Title	: (U- OWNER
4. Event Name: EL BURRITO MERIADO'S YOTH ANDINERS	ART NOCHE DE ARTEUANO
5. Telephone: <u>\SI - 231 - 17\S</u>	NALITA WELDURRITO MERCADO, COM
6. Date(s) during which the variance is requested:	Aug. 4,2019, Dely 20
7. Noise source - Time(s) of operation: 7/20/19 bpm. To 10	FM / 8/4/9 1PM TO 2PM 201
- Time(s) of pre-event sound check: 1/20/19	30 PM to STRIPM BAIN 4130 PM to 12 PM
8. Address or legal description of Noise source: 175 (ESAP CHAVE	FOIZZ UNH JUNG TS TR ST
9. Sound level requested: 55 18	•
10. Briefly describe the noise source and equipment involved: WE	WILL HAVE A DO, THERE WILL BE
SPEAKERI TO AMPLIFY SWND.	
11. Describe the steps that will be taken to minimize the noise level hw APPROPRIMS LEVEL FOR THE SPACES. WE W	
THE CHOWD AND NOT TU THE STREET	off Went fire Mail twing
12. State reason for seeking variance (E.g. music, announcements,	nonabyugitan abali tititir Atab Atautulatra
12. State reason for seeking variance (E.g. Inipsic, announcements, i	construction, etc.): HUSIC AND APPROPRIET.
*	
13. <u>Attach site diagram</u> showing location of noise source(s), streets	stages tente ate lifthere will be applified
sound, Indicate location and direction that all speakers will be facing	
overlay meloute resultan and un contain that an epitolicia will be juding	3.7 Months foregons may require more than one application.
14. Return completed Application, Site Diagram, and \$172.00 fee to	CITY OF SAINT PAUL
	DEPARTMENT OF SAFETY AND INSPECTIONS
•	975 JACKSON STREET, SUITE 220
• .	SAINT PAUL, MN 55101-1806
Signature of responsible person: Ga L. A. A. L.	Date: MAY 24 2619

N Alley pestopons Q, 0 Stage M T (5) - 403-3504 14) Ikson 5) Nover 5-950 Pm





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: 06/28/2019

Received From: ANALITA SILVA dba: EL BURRITO MERCADO

175 CESAR CHAVEZ ST ST PAUL MN 55107

Description:

Invoice Details Invoice Amount Paid

1057642

Noise Variance \$172.00

TOTAL AMOUNT PAID: \$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	AE1019	06/28/2019	\$172.00