



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

RECEIVED IN D.S.I.

Application for Sound Level Variance
City of Saint Paul Noise Ordinance
Chapter 293 of the Saint Paul Legislative Code

FEB 04 2011
Public Hearing March 2nd

- Organization or person seeking variance: Shamrocks, Muefy Beat Inc.
- Mailing Address with Zip Code: 995 W. 7th St. Paul, MN 55102
- Responsible person: Michael Runyon / Janessa Casper
- Title or position: owner / owner
- Telephone: (651) 485-1383 (651) 329-4096
- Briefly describe the noise source and equipment involved: Bands, instruments, Speakers
- Address or legal description of noise source: 995 W. 7th parking lot.
- Noise source time of operation: ~~Bands~~ Bands done by 11:00 pm Sharp. 11:00 pm
(1) 11th 2:00 - 11:00 pm (18th) 5:00 - 11:00 pm (14th) 5:00 - 11:00 pm
- Briefly describe the steps that will be taken to minimize the noise levels: Bands end by 11:00 pm & tent will be closed. Security in place to clear out tent.
- Briefly state reason for seeking variance: St. Patrick's day
- Date(s) during which the variance is requested: 3-17, 3-18, 3-19

Signature of responsible person: Janessa Casper Date: 2/4/11

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

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

40 dBA was measured inside the tent at the wall opposite the stage.



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: 02/04/2011

Received From: MEEFY BEAT INC dba: SHAMROCKS IRISH NOOK
1253 STANFORD AVE ST PAUL MN 55105

Description:

Invoice Details

731295

Noise Variance

Invoice Amount

\$164.00

Amount Paid

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|----------|
| Check | 11162 | 02/04/2011 | \$164.00 |