



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: 06/27/2019

Received From: MINNESOTA RECOVERY CONNECTION
2446 UNIVERSITY AVE W STE 112 ST PAUL MN 55114

Description:

Invoice Details

1057569

Noise Variance

Invoice Amount

Amount Paid

\$172.00

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	VISA 1183	06/27/2019	\$172.00

DSI
375 JACKSON ST
STE 220
SAINT PAUL, MN. 55101-1806
651-266-9111

Phone Order

xxxxxxxxxxxx1183

VISA

Entry Method: Manual

Amount: \$ 172.00

Tax: \$ 0.00

Total: \$ 172.00

06/27/19

13:37:46

Inv #: 00000003

Appr Code: 027458

Apprvd: Online

AVS Code:

CVV2 Code: MATCH M

Customer Copy

THANK YOU!

6/27/19 pd w/visa 1183 \$172.22

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director



CITY OF SAINT PAUL

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

Telephone: 651-2668989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Page 1 of 2

Sound Level Variance Application Legislative Code Chapter 293. - Noise Regulations

Application and \$172 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: MINNESOTA RECOVERY CONNECTION
2. Event Name: WALK FOR RECOVERY
3. Address and physical description of noise source location (Event, Worksite): STATE CAPITOL
UPPER & LOWER MALL 952-836-0684
4. Responsible person: WENDY FRESHMAN Title: EVENT COORDINATOR
5. Telephone: 952-920-6104 E-Mail: WendyFreshman1@gmail.com
6. Date(s) variance requested: SEPT. 14 2019
7. Noise source - Time(s) of operation: 9A - 2:30 PM
- Time(s) of pre-event sound check: 9AM
8. Sound level requested (dBA/Decibels): 65-80 RANGE
9. Mailing address w/zip code: 2446 UNIVERSITY AVE WEST-SUITE 112, ST. PAUL 55114
10. Briefly describe the noise source and equipment involved: 3 DIFFERENT BANDS -
SOLO TO 4 PERSON GROUPS: ELECTRIC GUITARS, BASS, UKULELE, DRUMS
15" POWER SPEAKERS; MIXERS; SHURE MICS; DI'S & CORDING
11. Describe the steps that will be taken to minimize the noise levels: SOUND TECH HAS DECIBEL
METER & WILL MONITOR LEVELS AT ALL TIMES FOR EACH BAND
12. State reason for seeking variance (example - music, announcements, construction, etc.): MUSIC
ANNOUNCEMENTS FOR EVENT
13. A site diagram & map must be attached showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing).
Multiple locations may require more than one application.
14. Submit completed application, site diagram/map, and \$172.00 fee to:

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

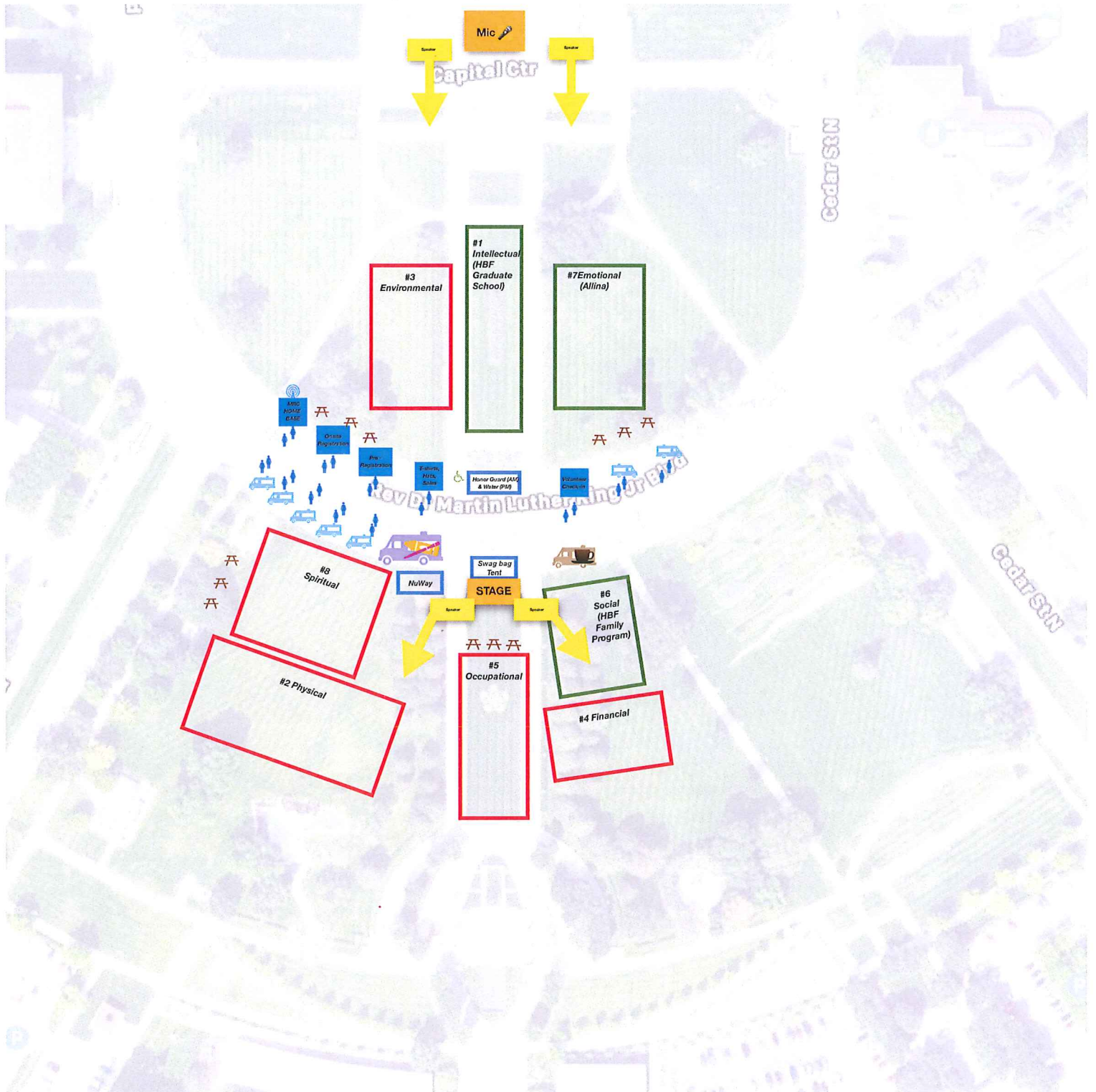
Signature of responsible person:

Wendy Freshman
952-920-6104

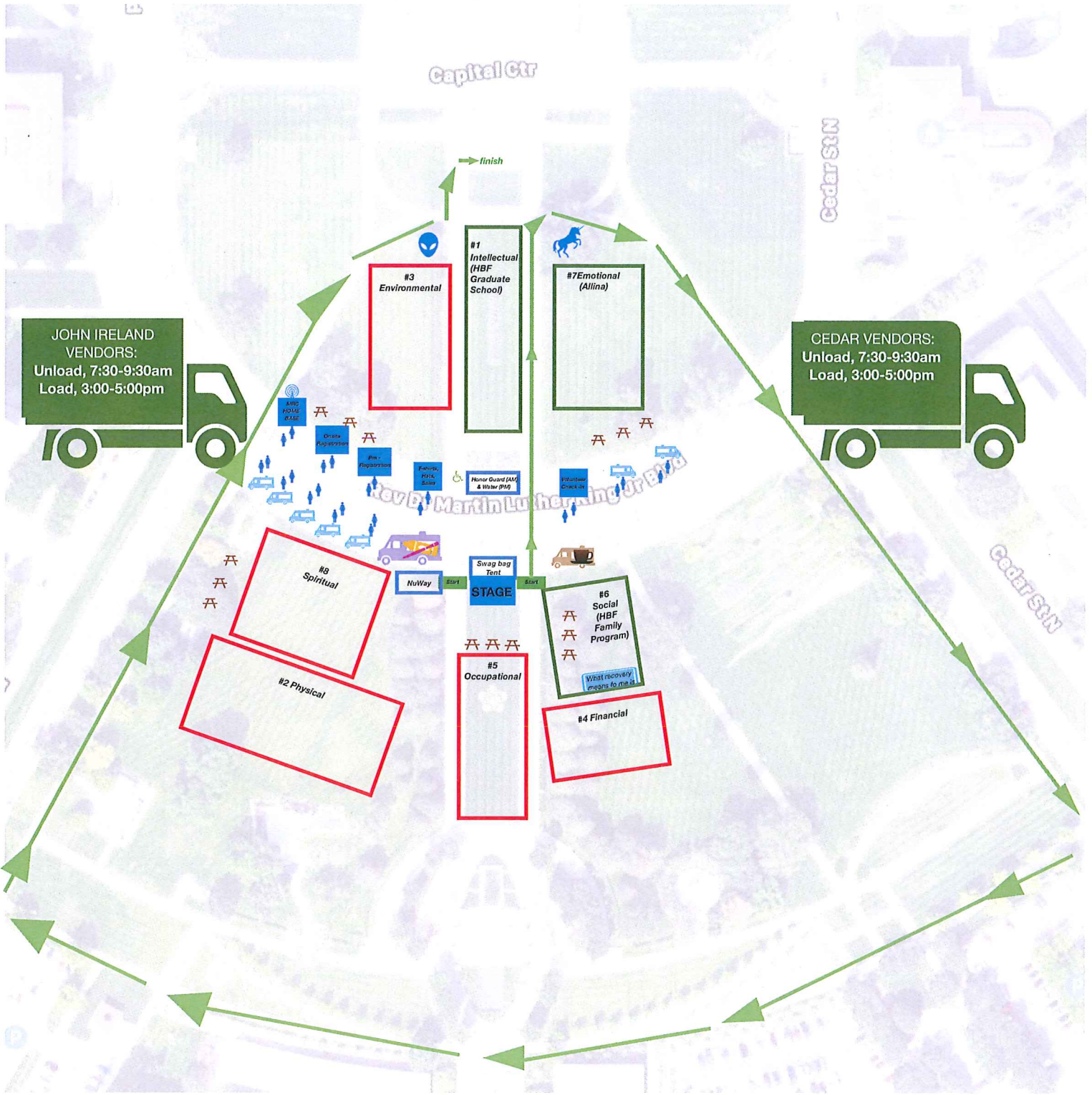
Date:

JUNE 24, 2019

Walk for Recovery: A Capitol Celebration 10:00-2:00



Walk for Recovery: A Capitol Celebration 10:00-3:00



JOHN IRELAND
VENDORS:
Unload, 7:30-9:30am
Load, 3:00-5:00pm

CEDAR VENDORS:
Unload, 7:30-9:30am
Load, 3:00-5:00pm

#3
Environmental

#1
Intellectual
(HBF
Graduate
School)

#7
Emotional
(Allina)

#8
Spiritual

#2
Physical

#5
Occupational

#6
Social
(HBF
Family
Program)

#4
Financial

STAGE

Swag bag
Tent

NuWay

Honor Guard (AM
& Water PM)

First Aid

Security Check-In

Event Registration

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

First Aid

