

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

SAINT PAUL, MN 55101-1806

NOTE: APPLICATION MUST BI THAN 30 (THIRTY) DAYS PRIO

(651) 266-8989

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.L.

FEB 1 0 2012 City of Saint Paul Noise Ordinance Chapter 293 of the Saint Paul Legislative Code 1. Organization or person seeking variance: 2. Mailing Address with Zip Code: _ < 3. Responsible person: 4. Title or position: 5. Telephone: 651-224-8181 6. Briefly describe the noise source and equipment involved: Out 7. Address or legal description of noise source: 33 W Sevens 8. Noise source time of operation: 9. Briefly describe the steps that will be taken to minimize the noise levels: Manager on duty 3 wall enclosure avoring 10. Briefly state reason for seeking variance: 11. Date(s) during which the variance is requested: Signature of responsible person: Return completed Application at CITY OF SAINT PAUL Sound source **DEPARTMENT OF SAFETY ANI** 375 JACKSON STREET, SUITE 2

Application for Sound Level Variance



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: 02/10/2012

Received From: THE PALACE OF ST PAUL LLC dba: WILD TYMES

9 7TH PLACE W ST PAUL MN 55102-1145

Description:

Invoice Details

Invoice Amount

Amount Paid

795297

Noise Variance

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	002215	02/10/2012	\$164.00