



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.

JUN 13 2013

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: THE BEER DABBLER
2. Mailing Address with Zip Code: 1095 7th St. West 55102
3. Responsible person: JOSEPH ALTON
4. Title or position: EVENT ORGANIZER
5. Telephone: 651.528.8752
6. Briefly describe the noise source and equipment involved: (2) EAW KF760 LINE ARRAY SPEAKERS, (6) EAW SB1000 SUBWOOFERS, (2) LAB GRUPPEN POWER AMP RACKS, (1) 24 CHANNEL DIGITAL MIXER
7. Address or legal description of noise source: 220 SHEPARD RD. 55102 AT UPPER LANDING PARK, ST. PAUL
8. Noise source time of operation: 12:00 AM - 5:30 PM
9. Briefly describe the steps that will be taken to minimize the noise levels: THE STAGE WILL BE FACING NORTHEAST TO AVOID ACOUSTIC LEVELS FROM SOUND BOUNCING OFF OF THE UPPER LANDING CONDOS.
10. Briefly state reason for seeking variance: WE WILL BE USING A PROFESSIONAL GRADE SOUND SYSTEM
11. Date(s) during which the variance is requested: JULY 20, 2013

Signature of responsible person: [Signature] Date: JUNE 13, 2013

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

5/2010



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: 06/13/2013

Received From: THE BEER DABBLER
1095 7TH ST W ST PAUL MN 55102

Description:

Invoice Details

863038

Noise Variance

Invoice Amount

Amount Paid

\$164.00

\$164.00

TOTAL AMOUNT PAID:

\$164.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card		06/13/2013	\$164.00

DSI
375 JACKSON ST STE 220
SAINT PAUL, MN. 55101-1

TERMINAL I.D.: 001734000000638010201

MERCHANT #: 8006380102

MASTERCARD
*****6835 *

SALE

RECORD #: 6 INV: 000008
DATE: JUN 13, 13 TIME: 15:35
BATCH: 397

AUTH: 477624

TOTAL \$164.00

CARD BALANCE: \$0.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY