

AUG 11 2017



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

### 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 before the requested Variance start date.

- Organization/person seeking variance: Meritage
- Mailing Address w/zip code: 410 Saint Peter Street, Saint Paul MN 55102
- Responsible person: Kelly Hansen Title: Assistant Director of Operations
- Event Name: Oysterfest
- Telephone: 651-222-5670 E-Mail: kelly@meritage-stpaul.com
- Date(s) during which the variance is requested: 10/8/17
- Noise source - Time(s) of operation: 12pm - 6pm  
- Time(s) of pre-event sound check: ~~11:00AM~~ 11:00AM
- Address or legal description of Noise source: Live music amplified from stage on Kamm Plaza (99 W 6th Street, Saint Paul MN 55102)
- Sound level requested: 85 DBA
- Briefly describe the noise source and equipment involved: Live music using several microphones, amplifiers, speakers, and sound mixing boards
- Describe the steps that will be taken to minimize the noise levels: It is a contained event, with music staying on stationary stage
- State reason for seeking variance (E.g. music, announcements, construction, etc.): Music & ~~announcements~~ announcements for event

13. Attach site diagram 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.

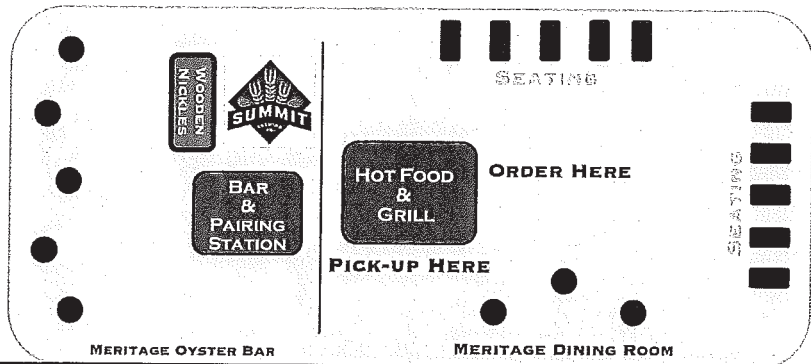
14. Return completed Application, Site Diagram, and \$172.00 fee to: **CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MN 55101-1806**

Signature of responsible person: Kelly Hansen Date: 8/10/17

2010 Map



ENTER OYSTERFEST HERE (MERITAGE OYSTER BAR ENTRANCE)



OYSTERFEST MAP

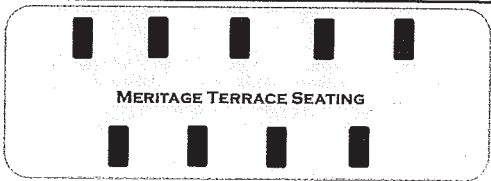
CHECK-IN: WRISTBANDS & INFORMATION

HAMM BUILDING MAIN ENTRANCE

ENTER & CHECK-IN HERE

10'x10'

OUTDOOR BAR



MERITAGE TERRACE SEATING

ST PETER STREET

15'x15'

OYSTERFEST STORE



SEATING

OYSTER SHUCKING STAGE



SEATING

20'x20'  
EAST COAST  
MIRACLE OYSTERS CO.

HAMM PLAZA

Projected Music

MAIN STAGE



Projected Music



BEER TRUCK

- EMCEED BY THE AMAZING BRIAN TURNER
- LIVE MUSIC
- SHUCKING CONTEST FEATURING STEPH MARCH OF MSPMAG
- ANNOUNCEMENTS

10'x10' (we provide)

RUBBER DUCKY POND

OYSTER FARMER TENTS & SHUCKING STATIONS

20'x20'  
WEST COAST  
HAMA HAMA

20'x20'  
FEATURED  
Rappahannock OYSTER CO.

10'x10'  
MERITAGE CREPE STAND

10'x10'  
OUTDOOR GRILL

ORDER HERE  
PICK-UP AT RESPECTIVE STATIONS  
PAY STATION & WOODEN NICKLES

10'x10'

N/A BEVERAGE STATION

10'x10'

20'x40'  
OYSTER SCHOOL TENT  
"BIRTH OF AN OYSTER" MIRACLE TENT, WITH CLASSES ON SUMMIT BEER, OYSTER FARMING, LEARN TO SHUCK YOUR OWN, TAKE A CHANCE ON OUR DUCKY POND AND MORE...



Help Us Keep it Green!

- Oyster Shells can be dumped in the food waste compostable buckets/bins - there are signs. Or, you are welcome to keep them, incredible additions to compost.
- Feel free to re-use your oyster boats and/or glassware *all are compostable*
- For Platinum Pass holders your GoVino glass is NOT compostable, and is meant for you to take home for personal use. There are rinsing stations at the outdoor bar. These cannot be washed in the dishwasher. *If you would like a GoVino, or would like to purchase another, they are available for purchase at the Oysterfest Store.*





# 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: 08/21/2017

Received From: MERITAGE  
410 ST PETER ST ST PAUL MN 55102

**Description:**

**Invoice Details**

999129  
Noise Variance

**Invoice Amount**

\$172.00

**Amount Paid**

\$172.00

**TOTAL AMOUNT PAID:**

**\$172.00**

**Paid By:**

Payment Type	Check #	Received Date	Amount
Check	20334	08/21/2017	\$172.00