



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: 09/16/2019

Received From: LEUKEMIA & LYMPHOMA SOCIETY
1711 BROADWAY ST NE MINNEAPOLIS MN 55413

Description:

Invoice Details

1062645
Noise Variance

Invoice Amount

\$172.00

Amount Paid

\$172.00

TOTAL AMOUNT PAID:

\$172.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	MC9244	09/16/2019	\$172.00

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

Phone Order

xxxxxxxxxxxx9244

MASTERCARD

Entry Method: Manual

Amount: \$ 172.00

Tax: \$ 0.00

Total: \$ 172.00

09/16/19

10:34:26

Inv #: 000000001

Appr Code: 050036

Apprvd: Online

AVS Code:

CVV2 Code: MATCH M

Customer Copy

THANK YOU!



CITY OF SAINT PAUL

RECEIVED IN D.S.I.

No check
SEP 09 2019

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

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

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: Leukemia & Lymphoma Society
2. Event Name: Light the Night
3. Address and physical description of noise source location (Event, Worksite): Halekelt Island
4. Responsible person: Teri Cannon Title: Executive Director
5. Telephone: 612-259-4496 E-Mail: teri.cannon@lls.org
6. Date(s) variance requested: 10/13/19
7. Noise source - Time(s) of operation: 4 pm - 9 pm
- Time(s) of pre-event sound check: 3 pm
8. Sound level requested (dBA/Decibels): _____
9. Mailing address w/zip code: 1711 Broadway St NE, Minneapolis, MN 55413
10. Briefly describe the noise source and equipment involved: Stage, music, speakers, Band, Fireworks
11. Describe the steps that will be taken to minimize the noise levels: ~~MINIMIZE NOISE BY STAYING AWAY FROM THE STAGE~~
12. State reason for seeking variance (example - music, announcements, construction, etc.): Music, speakers, fireworks
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: _____

AA-ADA-EEO Employer

Date: _____

9-6-19



KEY



Team Photos



Lanterns & T-Shirts



Glam Station
& Glow Zone



Kid Zone



Fireworks



Food Trucks



VIP Lounge



Parking



Warming Nook



Stage



Survivor's Circle



Team Tents



Tailgate Zone



Bathrooms



Remembrance Dome

LEUKEMIA & LYMPHOMA SOCIETY
LIGHT THE NIGHT
bring light to the darkness of cancer