

DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, Minnesota 55101-1806 Phone: (651) 266-9899 Fax: (651) 266-9124 www.stpaul.gov/dsi

Date: 09/16/2019

Received From: LEUKEMIA & LYMPHONA SOCIETY

1711 BROADWAY ST NE MINNEAPOLIS MN 55413

Description:

Invoice Details

Invoice Amount

Amount Paid

1062645

Noise Variance

\$172.00

\$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

xxxxxxxxxxx9244

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!

SAINT PAUL AAAA

CITY OF SAINT PAUL

RECEIVED IN D.S.I.
No check
SEP 0 9 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

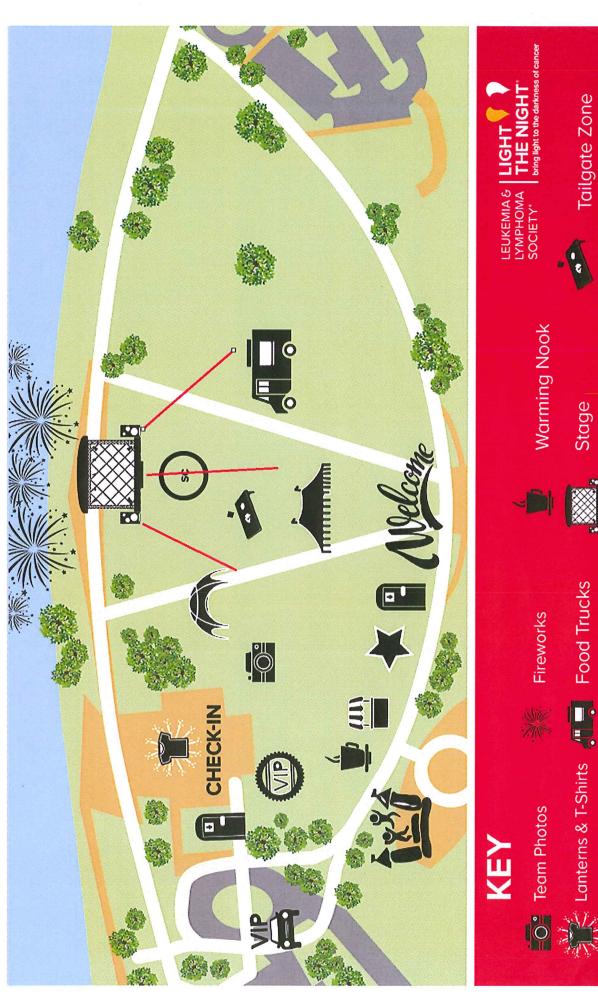
January 2019

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: LLVKEMLA & LYMPhoma SOCLITY
2.	Event Name: Light the Night
	Address and physical description of noise source location (Event, Worksite): HWERLY (Slaud
4.	Responsible person: Teri Cannon Title: Executive Director
	Telephone: 612-259-4496 E-Mail: tevi, Cannon Wils. ORG
	Date(s) variance requested:\0\13\ \19
7.	Noise source - Time(s) of operation: 4pm - 9pm
	- 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 Minneaply UN 55413
10.	Briefly describe the noise source and equipment involved: Stage music, Speakers, Band
	Describe the steps that will be taken to minimize the noise levels:
<i>12.</i>	State reason for seeking variance (example - music, announcements, construction, etc.):
	A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. (If re 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
Sigi	nature of responsible person: AA-ADA-EEO Employer Date:





Tailgate Zone



Survivor's Circle

Bathrooms



Remembrance Dome





VIP Lounge

Glam Station & Glow Zone



1

Kid Zone

P.S. C.







