





CITY OF SAINT PAUL

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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.

- Organization/person seeking variance: Leikkemla & Lymphoma Society
- Event Name: Light the Night
- Address and physical description of noise source location (Event, Worksite): Itakerlet Island
- Responsible person: Teri Cannon Title: Executive Director
- Telephone: 612-259-4496 E-Mail: teri.cannon@lls.org
- Date(s) variance requested: 10/13/19
- Noise source - Time(s) of operation: 4pm - 9pm  
- Time(s) of pre-event sound check: 3pm
- Sound level requested (dBA/Decibels): \_\_\_\_\_
- Mailing address w/zip code: 1711 Broadway St NE, Minneapolis, MN 55413
- Briefly describe the noise source and equipment involved: Stage, music, speakers, Band, Fireworks
- Describe the steps that will be taken to minimize the noise levels: ~~MINIMIZE NOISE LEVELS BY...~~
- State reason for seeking variance (example - music, announcements, construction, etc.): Music, speakers, fireworks
- 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.**
- 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              |  | Fireworks   |    | LEUKEMIA & LYMPHOMA SOCIETY™ |
|  | Lanterns & T-Shirts      |  | Food Trucks |  | Stage                        |
|  | Glam Station & Glow Zone |  | VIP Lounge  |  | Survivor's Circle            |
|  | Kid Zone                 |  | Parking     |  | Team Tents                   |
|    | Warming Nook             |    | Bathrooms   |    | Tailgate Zone                |
|    | Remembrance Dome         |   |             |   |                              |