



CITY OF SAINT PAUL RECEIVED IN D.S.I,

AUG 25 2020

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RECEIVED IN D.S.I. Business Licensing 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

Legislative Code Chapter 293. - Noise Regulations

Application and \$175 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: Kill & Lawlenteur Alliance				
2.	Event Name: Rice a Larpen TOUR				
3.	Address and physical description of noise source location (Event, Worksite):				
	1675 Rice St., St. Paul, MN - Strip Mall parking				
4.	Responsible person: Kun O Brien Title: Executive Director				
5.	Telephone: USI-276-4696 E-Mail: Kim@saint paulchamber.				
6.	. Date(s) variance requested: $9-26-20$				
7.	Noise source - Time(s) of operation: 3-7 PM				
	- Time(s) of pre-event sound check: 2 PM				
8.	Sound level requested (dBA/Decibels): 100				
9.	Mailing address w/zip code: 15 W. Kellogg BIVd # 150 St Paul MN55101				
10.	Briefly describe the noise source and equipment involved:				
	ive band (quitar, drums, kuyboard, amplified).				
11.	Describe the steps that will be taken to minimize the noise levels: Sound engineer				
	on site. Speakers porented away from buildings.				
12.	2. State reason for seeking variance (example - music, announcements, construction, etc.): 0				
	music and announcements				
13.	A <u>site diagram & map</u> must be attached showing location of noise source(s), streets, stages, tents, etc. (If				
the	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 \$175.00 fee to:				
	CITY OF SAINT PAUL PLASE CALL ME FOR				
	DEPARTMENT OF SAFETY AND INSPECTIONS Payment 651-376-4696				
	375 JACKSON STREET, SUITE 220				
	SAINT PAUL, MN 55101-1806				
Siøi	nature of responsible person: $4000000000000000000000000000000000000$				

penteur Ave Short walk



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/dsj

Date: 08/26/2020

Received From: KM O'BRIEN dba: RICE & LARPENTEUR ALLIANCE

15 KELLOGG BLVD STE 150 ST PAUL MN 55101

Description:

Invoice Details

Invoice Amount

Amount Paid

1090185

Noise Variance

\$175.00

\$175.00

TOTAL AMOUNT PAID:

\$175.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V2984	08/26/2020	\$175.00