

CITY OF SAINT PAUL

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

April 2021

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 val	riance: Minnesota United FC/ Allianz Field	
2. Event Name: US Women's National	Team vs. South Korea	U - SALIMO MARAMANA (MA ANDAMANA)
3. Address and physical description	n of noise source location (Event, Worksite	e):
400 Snelling Ave. North - St. Paul, N	ИN 55104	
4. Responsible person: Zacharia Litze	elswope Title: Director, Ev	ents & Guest Experience
	E-Mail: zacharia.l@mnuf	
6. Date(s) variance requested: Tues	sday, October 26, 2021	
7. Noise source - Time(s) of operat	ion: 4:30PM - 7:00PM	
- Time(s) of pre-eve	ent sound check: 3:30PM	
8. Sound level requested (dBA/Dec	cibels): 95 dBA	
9. Mailing address w/zip code: 400	Snelling Ave. North - St. Paul, MN 55104	
10. Briefly describe the noise source	e and equipment involved: BDJ setup with st	tand speakers inside of the Beer Garden
on the Brew Hall patio		
11. Describe the steps that will be to	aken to minimize the noise levels: Every ef	fort will be made to aim speakers away
from residential areas and towards the s	tadium	
12. State reason for seeking varianc	e (example - music, announcements, cons	struction, etc.): International Soccer
Game	•	
13. Maximum number of attendees		
	n to prevent COVID-19 virus spread: We wi	
	or non-vaccinated individuals in accordance with	
	ttached showing location of noise source	
•	ate location and direction that all speake	rs will be facing).
·	nay require more than one application.	
• • • • • • • • • • • • • • • • • • • •	site diagram/map, and \$175.00 fee to:	
CITY OF SAINT PAUL	FOTIONS	
DEPARTMENT OF SAFETY AND INSP	ECHONS	
375 JACKSON STREET, SUITE 220 SAINT PAUL, MN 55101-1806		
SAINT PAOL, WIN 33101-1800		
	ring associated with this variance must b 9 orders relating to distancing, masks an	
Signature of responsible person:	Zacharia Litzelswops	Date: 09/02/21

AA-ADA-EEO Employer

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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: 09/21/2021

Received From: ZACHARIA LITZELSWOPE dba: MINNESOTA UNITED FC

400 SNELLING AVE N ST PAUL MN 55104

Description:

Amount Paid Invoice Amount Invoice Details

1111943

\$175.00 \$175.00 Noise Variance

\$175.00 **TOTAL AMOUNT PAID:**

Paid By:

Payment Type	Check#	Received Date	Amount
Credit Card	V4511	09/21/2021	\$175.00