

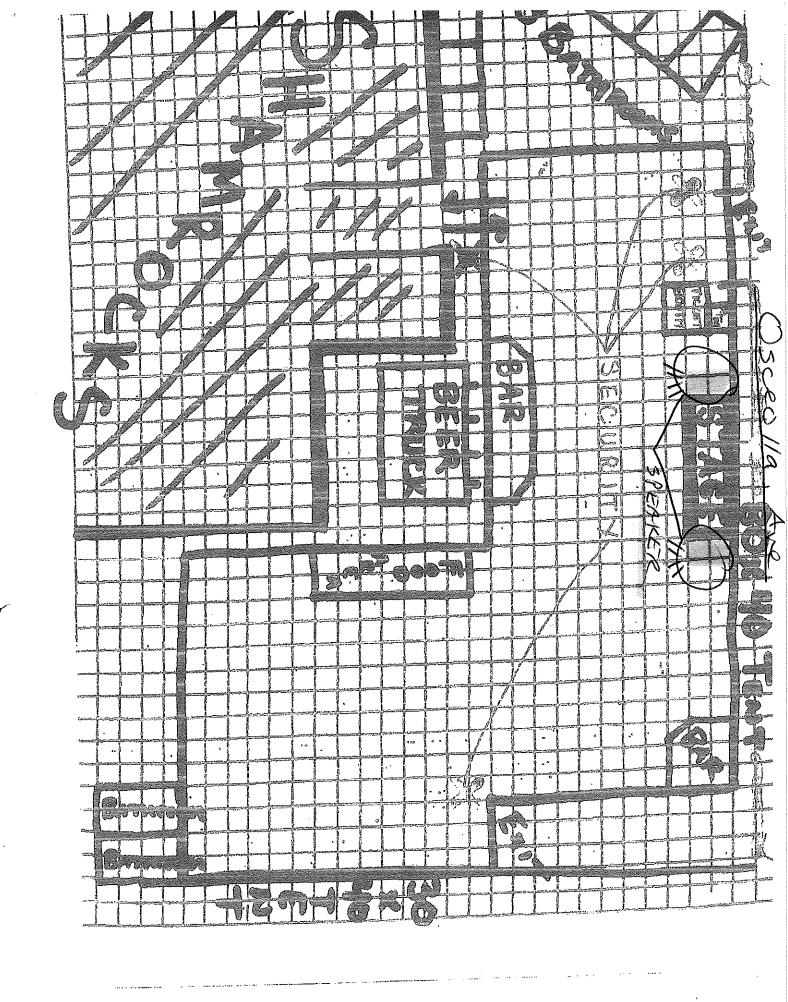
CITY OF SAINT PAUL Christopher B. Coleman, Mayor 375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

<u>Note:</u> A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Shampouss IRISA	1 NOOK
2. Malling Address W/zip code: 995 West M Sheet	ST Paul MW 55102
3. Responsible person: Michael Runyan Title:	
4. Event Name: St. Pateicks Day weekenso	•
5. Telephone: (651) 228 -9925 E-Mail: MCruns	onga) yahoo - cam
6. Date(s) during which the variance is requested: Fiziony imarc	
7. Noise source - Time(s) of operation: Fridy Jam - 11 pm	Sat gam - 12am, Sun gan
- Time(s) of pre-event sound check; / hr be	A
8. Address or legal description of Noise source: <u>Amplication</u> 2 From Danis and OJ	
9. Sound level requested: 100 DM	
10. Describe the noise source and all equipment involved: 2-4 5pe.	A-KUS
11. Describe the steps that will be taken to minimize the noise levels: <u>we have a soud man to manner</u> , And Dorotes Alma from Mousiaic	
12. State reason for seeking variance: (E.g. music, announcements, cons	struction, etc.) Music .
13. Attach site diagram showing location of noise source(s), streets, stage sound, indicate location and direction that all speakers will be facing.) Mu	
14. Return completed Application, Site Diagram, and \$169.00 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:	Date://i9/29
	,





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: 01/19/2024

Received From: MEEFY BEAT dba: SHAMROCKS IRISH NOOK

995 7TH ST W ST PAUL MN 55102

Description:

Invoice Details

Invoice Amount

Amount Paid

1157348

Noise Variance

\$178.00

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Check	2331	01/19/2024	\$178.00