



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

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: Minnesota United FC/ Allianz Field_____
2. Event Name: Minnesota United FC v Chicago Fire_____
3. Address and physical description of noise source location (Event, Worksite): _____
_____ 400 Snelling Ave. North - St. Paul, MN 55104_____
4. Responsible person: Zacharia Litzelswope_____ Title: Director, Events & Guest Experience_____
5. Telephone: 612-928-6406_____ E-Mail: zacharia.l@mnufc.com_____
6. Date(s) variance requested: Thursday, July 27, 2023_____
7. Noise source - Time(s) of operation: 4:00PM - 7:30PM_____
- _____ - Time(s) of pre-event sound check: 3:00PM_____
8. Sound level requested (dBA/Decibels): 95 dBA_____
9. Mailing address w/zip code: 400 Snelling Ave. North - St. Paul, MN 55104_____
10. Briefly describe the noise source and equipment involved: DJ setup with stand speakers inside of the Beer Garden on the Brew Hall patio._____
11. Describe the steps that will be taken to minimize the noise levels: Every effort will be made to focus sound on the activation space and/or towards the stadium._____
12. State reason for seeking variance (example - music, announcements, construction, etc.): MLS Leagues Cup Soccer Game_____
13. Maximum number of attendees: 19,600_____
14. Describe steps that will be taken to prevent COVID-19 virus spread: We will follow all State and Local guidance as well as highly encourage mask wearing for non-vaccinated individuals in accordance with CDC guidance._____
15. 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).

NOTE: Multiple locations may require more than one application.

16. Submit completed application, site diagram/map, and \$175.00 fee to:

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806

I understand that any social gathering associated with this variance must be managed in full compliance with all applicable Governor Walz COVID-19 orders relating to distancing, masks and attendance limits.

Signature of responsible person : Zacharia Litzelswope Date: 05/23/23

AA-ADA-EEO Employer

April 2021

Notes

- We will be maintaining an 18' fire lane on Shields Ave.
- DJ location will play when band isn't

REDEVELOPMENT

10W 250 FT

E AVE

170 FT

180 FT

480 FT

200 FT

320 FT

180 FT

SIMP

NE GATE

BREW HALL

NW GATE

DJ

15 ST



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: 06/26/2023

Received From: ZACHARIA LITZELSWOPE dba: ALLIANZ FIELD
400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details

1145146

Noise Variance

Invoice Amount

\$178.00

Amount Paid

\$178.00

TOTAL AMOUNT PAID:

\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	06/26/2023	\$178.00



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2. Event Name: Minnesota United FC v Puebla_____
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400 Snelling Ave. North - St. Paul, MN 55104_____
4. Responsible person: Zacharia Litzelswope_____ Title: Director, Events & Guest Experience_____
5. Telephone: 612-928-6406_____ E-Mail: zacharia.l@mnufc.com_____
6. Date(s) variance requested: Sunday, July 23, 2023_____
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- Time(s) of pre-event sound check: 3:00PM_____
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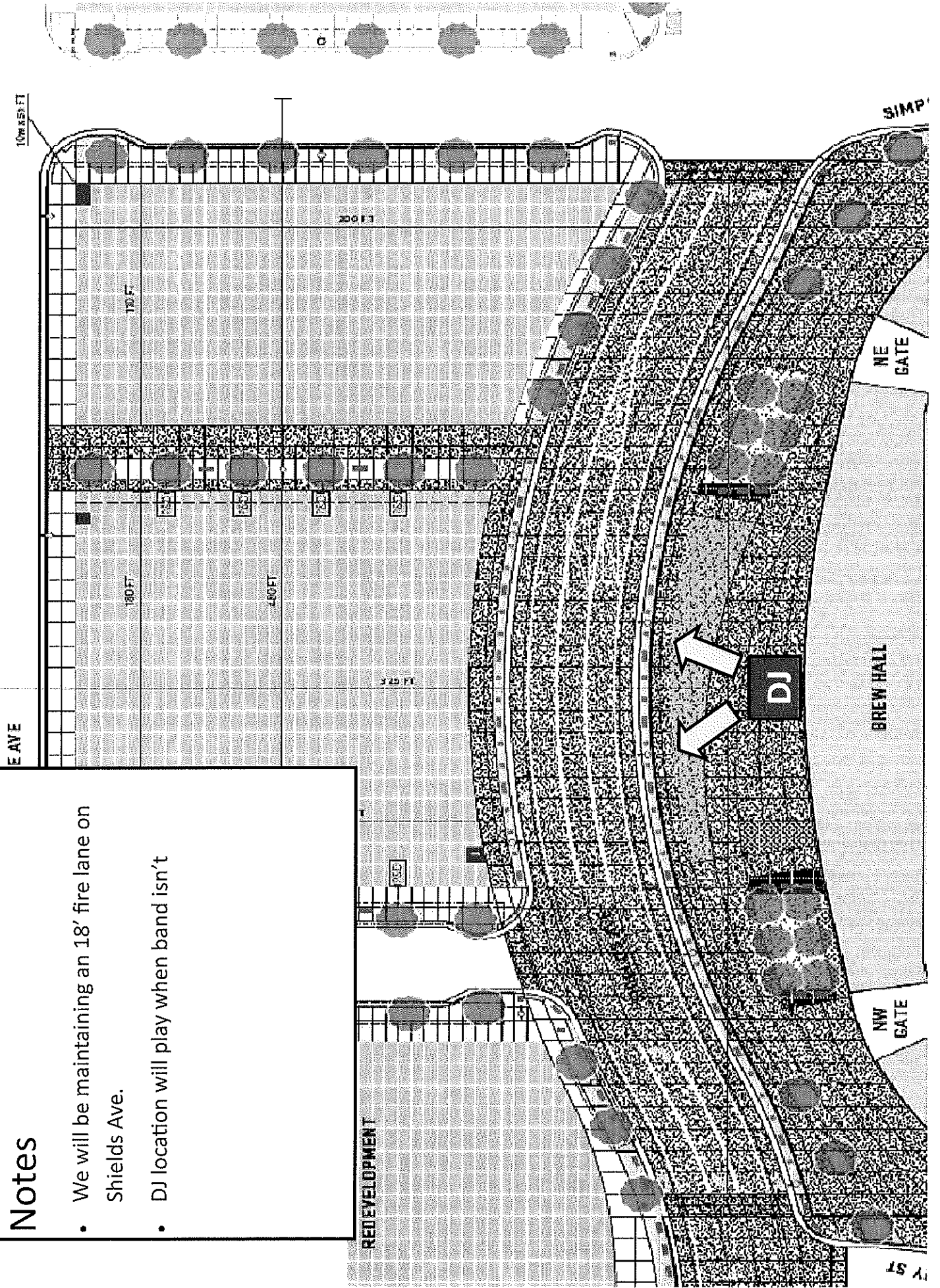
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April 2021

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Date: 06/26/2023

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400 SNELLING AVE N ST PAUL MN 55104

Description:

Invoice Details	Invoice Amount	Amount Paid
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TOTAL AMOUNT PAID:		\$178.00

Paid By:

Payment Type	Check #	Received Date	Amount
Credit Card	V4511	06/26/2023	\$178.00