



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

City of Saint Paul - DSI

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

Check #
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9/15/25 Paid Received
SAI
AUG 25 2025

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1. Second Hand Dealer-Motor Vehicle DSI BL AUTO - \$164-2425 \$507.00
2. Auto Repair Garage DSI BL AUTO - \$155-2425 \$507.00
3. Autobody Repair Garage DSI BL AUTO - \$163-2425 \$507.00
4. _____
5. _____
6. _____
7. _____

Total: \$1521.00

Business Information

Business Address: 100 Cottage Avenue West, St Paul Mn 55117
Street City State Zip

Company Name: Dale Imports Inc. Doing Business As: Same

Company Type: ☒ Corporation ☐ Partnership ☐ Sole Proprietorship

Date of Incorporation: 04/19/1990 Date of Anticipated Opening: _____

Mailing Address: 100 Cottage Avenue West St Paul Mn 55117
Street City State Zip

Business Phone #: (651) 592-2787 Email Address: daleimportsinc@gmail.com

Applicant Information

Applicant Name: Paul David Eckman
First Middle Last

Title: owner

Date of Birth: _____

Drivers License: _____ Email: _____
State License #

Home Address: _____
Street City State Zip

Cell Phone #: _____ Alternate Phone #: _____

Supplemental Required Information

Are you going to operate this business personally?

Yes: ☒

No: ☐

If no, who will operate it?

Operator Name: na

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Email Address:

Are you going to have a manager or assistant in this business?

Yes: ☐

No: ☐

If manager is not the same as the operator, please complete the following information:

Manager Name: na

First

Middle

Last

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Email Address:

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: Paul

David

Eckman

First

Middle

Last

Title: Owner

Email:

Home Address:

Date of Birth:

Officer Name:

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

Officer Name:

First

Middle

Last

Title:

Email:

Home Address:

Street

City

State

Zip

Date of Birth:

Phone #:

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

Applicant Signature

owner

Title

8-14-2015

Date