



# CITY OF FALCON HEIGHTS

2077 W Larpenteur Ave  
Falcon Heights MN 55113  
Phone 651-792-7600. Fax 651-792-7610  
[www.falconheights.org](http://www.falconheights.org)

|                 |
|-----------------|
| FOR OFFICE USE  |
| License Number: |
| Approval Date:  |
| Amount Paid:    |
| Receipt:        |

## Home Occupation License Application Form

**Fee: \$50.00**

Firm Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Telephone: Business: \_\_\_\_\_ Residence: \_\_\_\_\_

List your experience, naming municipalities in which you have had previous business (if any):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### ITEMS REQUIRED FOR LICENSURE:

- *State of Minnesota Tax ID Form*
- *State of Minnesota Workers Compensation Form*
- *Compliance with Section 113-391 of the City Code*

*I swear that the above statements are true to the best of my knowledge and that I will comply with all the attached requirements*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF MINNESOTA TAX ID FORM  
LICENCE APPLICATION INFORMATION**

Under Minnesota law (M.S.270.72), the agency issuing you this license is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange in Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form to the licensing agency. Do not return to the Department of Revenue.

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Type of license being applied for

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Licensing authority (name of city, county, or state agency issuing license)

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License renewal date

**Personal information:**

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Applicant's last name

First name & initial

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Applicant's address

City

State

Zip code

**Business information:**

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Business name

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Business address

City

State

Zip code

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Minnesota tax ID number

Federal tax ID number

If a Minnesota tax ID number is not required, please explain:

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Signature

Title

Date

Return to the City of Falcon Heights

2077 Larpenteur Avenue West  
Falcon Heights, MN 55113

Email: [mail@falconheights.org](mailto:mail@falconheights.org)  
Website: [falconheights.org](http://falconheights.org)  
Phone: (651) 792-7600  
Fax: (651) 792-7610

## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

|                                                                                                                                                                                                  |                           |                            |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|----------|
| License or certificate number (if applicable)                                                                                                                                                    | Business telephone number | Alternate telephone number |          |
| Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) |                           |                            |          |
| DBA ("doing business as" or "also known as" an assumed name), if applicable                                                                                                                      |                           |                            |          |
| Business address (must be physical street address, no P.O. boxes)                                                                                                                                | City                      | State                      | ZIP code |
| County                                                                                                                                                                                           | Email address             |                            |          |

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

|                |                 |                  |
|----------------|-----------------|------------------|
| Policy number: | Effective date: | Expiration date: |
|----------------|-----------------|------------------|

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name:

|                                |       |      |
|--------------------------------|-------|------|
| Applicant signature (required) | Title | Date |
|--------------------------------|-------|------|

## City Code of Falcon Heights, Minnesota

### *Sec. 113-391 - Home occupations*

- (a) *Purpose.* The purpose of this section is to define and regulate home occupations so as to permit only those home occupations that are compatible with other permitted uses and with the residential character of neighborhoods. An additional purpose of this section is to protect the health, safety, and general welfare of the surrounding neighborhood. No home occupation shall be permitted which does not conform to the definition, procedures and requirements which follow in this section.
- (b) *Definition.* A home occupation is a gainful occupation carried on in a dwelling unit, and not in any accessory building, within a residential district. The occupation shall clearly be secondary to the use of the dwelling for residential purposes, and shall not change its character.
- (c) *License required.* No person shall conduct a home occupation without first having obtained a license from the zoning administrator and the approval of the council. Application for licenses, accompanied by the appropriate fee, shall state facts that constitute the basis for compliance with the requirements set forth in subsection (d) of this section. Home occupations for disabled persons that do not meet these conditions may apply for a conditional use permit.
- (d) *Requirements.* The following requirements shall apply to home occupations within the city:
  - (1) No home occupations shall be permitted which may be detrimental to adjacent or nearby residential amenities.
  - (2) No home occupation shall be permitted which may increase the risk of fire or use of rescue squads at a greater level than would normally be expected in a residential district.
  - (3) Exterior storage shall not be permitted.
  - (4) Adequate off-street parking space for the home occupation must be available as approved by the zoning administrator; however, no home occupation shall be granted that creates the need for more than two parking spaces in addition to those already used by the occupants of the dwelling.
  - (5) No accessory uses in conjunction with a home occupation shall be permitted.
  - (6) No home occupation shall be permitted within an accessory building (as defined in this chapter).
  - (7) No signs other than those normally utilized in a residential district shall be permitted.
  - (8) No over-the-counter retail or wholesale sales shall be permitted.
  - (9) Entrance to the home occupation shall be gained from within the structure with no separate exterior entrance.
  - (10) No stock in trade shall be stored on the premises.
  - (11) Only occupants of the dwelling unit may engage in the home occupation.

- (12) No more than 20 two-way additional vehicle trips per day shall be generated by a home occupation.
- (13) No home occupation shall be permitted which requires the use of commercial vehicle more often than would normally be expected in a residential district. For the purpose of this section, commercial vehicle shall be defined as a nonpassenger vehicle (as passenger vehicle is defined in section 113-310(1)d.).
- (14) No home occupation shall produce light, glare, noise, odor or vibration that has an objectionable effect on a nearby property.
- (15) No equipment shall be used in a home occupation that creates electrical interference to surrounding property owners' radio or television signals.
- (16) No home occupation shall be conducted between the hours of 9:00 p.m. and 9:00 a.m. on weekdays, or between the hours of 6:00 p.m. and 10:00 a.m. on weekends and holidays.
- (17) No home occupation shall cause an increase in sewer or water usage that exceeds the normal range for residents in the city.
- (18) Not more than 20 percent of the gross area of the dwelling unit shall be used to conduct a home occupation. The appearance of a residential dwelling shall in no way be changed or altered in a manner which would cause the premises to differ from its residential character.

(Code 1993, § 9-14.01(24); Ord. No. 0-93-09, §§ 1-3, 11-24-1993)