



CITY OF FALCON HEIGHTS

2077 W Larpenteur Ave
Falcon Heights MN 55113
Phone 651-792-7600. Fax 651-792-7610
www.falconheights.org

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

Therapeutic Massage License Application

Fee: \$100.00

Name of Applicant: _____

Home Address: _____

Phone Number: _____

Email: _____

Business Name: _____

Owner/Manager Name: _____

Business Address: _____

Business Phone: _____ Fax: _____

Business Email: _____

ITEMS REQUIRED FOR LICENSURE:

- *Completed application form*
- *Permit fee- Cash, check, or Credit Card*
- *State of Minnesota Tax ID form*
- *State of Minnesota Worker's Compensation Form*
- *Background check signed authorization*
- *Proof of insurance coverage of \$1,000,000 for professional or general liability in the practice of massage*

I swear that I am affiliated with, employed by, or own a therapeutic massage enterprise licensed by the city; and that I have completed 400 hours of certified therapeutic massage training from a bona fide school or has one year of experience practicing massage therapy as established by an affidavit and is currently and continually enrolled in a bona fide therapeutic massage school. Compliance with this requirement applies to the license application and license renewal.

I swear that the above statement provided is true to the best of my knowledge and belief.

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.

Type of license being applied for

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

License renewal date

Personal information:

Applicant's last name

First name & initial

Applicant's address

City

State

Zip code

Business information:

Business name

Business address

City

State

Zip code

Minnesota tax ID number

Federal tax ID number

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

Signature

Title

Date

Return to the City of Falcon Heights

2077 Larpenteur Avenue West
Falcon Heights, MN 55113

Email: mail@falconheights.org
Website: 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 OF FALCON HEIGHTS
2077 W LARPEN TEUR
FALCON HEIGHTS, MN 55113

INFORMED CONSENT

Date: _____

The following named individual has made application with the City of Falcon Heights for city licensure.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (full) (please print): _____

Maiden, Alias or Former Name (please print): _____

Date of Birth: _____ Sex (M or F): _____ Race _____
Month/Day/Year

Drivers License or ID # _____ State _____

I authorize the Ramsey County Sheriff's Office to disclose all criminal history record information, from the Bureau of Criminal Apprehension, to the City of Falcon Heights for the purpose of employment with the aforementioned city.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature:

Signature of Applicant

Date