



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: _____ Social Security Number: _____

Email: _____

Business Name: _____

Owner/Manager Name: _____

Business Address: _____

Business Phone: _____ Fax: _____

Business Email: _____

ITEMS REQUIRED FOR LICENSURE:

- Completed application form
- Check made payable to 'City of Falcon Heights' for license fee
- State of Minnesota Tax ID form
- State of Minnesota Worker's Compensation Form
- Background check signed authorization. You will also need to be fingerprinted.
- 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

FEIN

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 St. Anthony Police Department to disclose my application information, fingerprints, and any other necessary information about me necessary to obtain my state and national criminal history records from the Minnesota Bureau of Criminal Apprehension (BCA) for purposes of a licensing application background check. I further authorize the St. Anthony Police Department to disclose all criminal history records obtained from the BCA to the City of Falcon Heights for the purpose of evaluating my application for licensure with the aforementioned City. I acknowledge that failure to cooperate with this investigation, including as to the disclosure of the above-described information, will constitute reasonable cause to deny my license application.

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

The St. Anthony Police Department does not provide fingerprinting services for City license applicants. Please refer to the following resources for guidance obtaining classifiable fingerprints from public or private entities:

- BCA Fingerprinting (\$10 fee as of December 2025): <https://dps.mn.gov/node/2762>
- Fingerprinting at select state and local agencies: <https://dps.mn.gov/divisions/bca/bca-divisions/criminal-justice-information-services/fingerprinting-services/fingerprinting-locations>
- You may also contact any police department or private vendor to verify if they provide fingerprinting services and can supply classifiable fingerprints suitable for state and national criminal history records checks. The most recent version of the FBI's FD-258 card meets the classifiable fingerprint requirement.



General Informed Consent Form

Background Check Request

The organization below is asking you to provide personal data, which may include private information about yourself, including name, address, date of birth, and fingerprints. You are not required to provide personal data. However, if you do not provide the personal data requested, the organization and Minnesota Bureau of Criminal Apprehension (BCA) will not be able to process the background check. Failure to provide the data requested may result in a loss of employment/licensing/housing or other opportunity. The BCA requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the organization requesting the background check, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), the organization authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

Please type or print your responses. All answers must be legible. Fill in all fields. If the answer for a field is "no", "N/A" or "none", provide that response. If more space is needed for any item, attach a separate sheet.

Organization to Receive Records

Organization Name: St. Anthony Police Department
Street Address: 3301 Silver Lake Rd. NE
City, State, Zip Code: St. Anthony, MN 55418
Organization Account Number (if applicable): Click or tap here to enter text.

Personal Data

Last Name: Click or tap here to enter text.
First Name: Click or tap here to enter text.
Middle Name (if applicable): Click or tap here to enter text.
Maiden, Alias or Former Name(s) (if applicable): Click or tap here to enter text.
Date of Birth (format: MM/DD/YYYY): Click or tap here to enter text.

Check box: **Predatory Offender Registry Authorization**

(Contributor, please check this box if requesting a Predatory Offender Registry check.)

By checking this box and signing this consent form, you are authorizing the BCA to check the Minnesota Predatory Offender Registry for records about you, including, but not limited to, information related to offenses which may have occurred when you were a juvenile.

Please be advised

Records obtained as a result of this check may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.

You may challenge the accuracy or completeness of any information contained in the records by using the procedures set forth in Minnesota Statutes, §13.04 or Title 28 Code of Federal Regulations, §16.34.

Criminal History Check Authorization

I authorize the BCA to disclose all Minnesota criminal history record information to the organization listed on this consent form.

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

Applicant Signature: _____ **Date:** _____
Must be live/wet signature

Notary:

Signed or attested to before me this _____ day of _____, 20____ by:

Name of Applicant

Signature of Notary Public

(Affix seal here)