

METROPOLITAN AGRICULTURAL PRESERVES
RESTRICTIVE COVENANT

THIS AGREEMENT, made and entered into this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by and between \_\_\_\_\_, Record Fee Owner(s); \_\_\_\_\_ Contract for Deed Vendor(s) (Sellers), if any; \_\_\_\_\_ Contract for Deed Vendee(s) (Buyers), if any; hereinafter collectively referred to as Landowner(s); AND the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ County, Minnesota.

(NOTE: Above-named Landowner(s) must be identified as Husband and Wife, a Single Person, a Partnership, a (State) Corporation, a Trustee of a Trust (describe), a Guardian or Administrator of an Estate (describe) — whatever the case might be. If the property is homestead, the spouse must join whether their name is on record or not. If the property is non-homestead and spouse doesn’t join, then a statement must be put at the end of the legal description indicating that it is non-homestead.)

WITNESSETH:

WHEREAS, the Landowner(s) above-named are the owners of a tract of land (“Land”) in the County of \_\_\_\_\_, State of Minnesota, legally described as:

(If Torrens property, use the description from the Certificate of Title, verbatim. If Abstract property, use description from the abstract or deed, or get it from your county auditor. Use an additional sheet if extra space is needed. Be sure to state your parcel identification number and whether or not your property is homesteaded.)

Parcel I.D. No.: \_\_\_\_\_ Homestead or Non-homestead. (Circle one)
Legal Description:

WHEREAS, the Landowner(s) desire to receive the benefits of participation in the State of Minnesota Metropolitan Agricultural Preserves Program established by Minn. Stat. ch. 473H, and have made application for initiating placement of the Land described herein into a Metropolitan agricultural preserve, a copy of which is attached hereto as Attachment A; and

WHEREAS, the Land described herein is classified as agricultural pursuant to Minn. Stat. § 273.13, and \_\_\_\_\_ approved and certified the Land as being eligible for designation as an agricultural preserve. A copy of the affidavit evidencing that the Land is certified long-term agricultural at the date of application is attached hereto as Attachment B; and

WHEREAS, Minn. Stat. § 473H.05 requires applicants to complete and file as part of their application a restrictive covenant which shall constitute an easement running with the land.

NOW, THEREFORE, in consideration of receipt of the benefits of participation in the State of Minnesota Metropolitan Agricultural Preserves Program, the Landowner(s), on behalf of themselves and their successors and assignees, agree and covenant as follows:

- 1. The Land herein described shall be kept in agricultural use, which means the production for sale of livestock, dairy animals, dairy products, poultry or poultry products, fur bearing animals, horticultural or nursery stock, fruit, vegetables, forage, grains, or bees and apiary products. Wetlands, pasture and woodlands accompanying land in agricultural use shall be deemed to be in agricultural use.
2. The Land herein described shall be used in accordance with the provisions of Minn. Stat ch. 473H that exist on the date of this covenant.
3. This Restrictive Covenant shall be binding on the Landowner(s), or their successors and assignees, and shall run with the land.

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

4. This Restrictive Covenant shall remain in full force and effect in accordance with Minn. Stat. ch. 473 until:

- a. Expiration initiated by Landowner(s) pursuant to Minn. Stat. § 473H.08, subd. 2;
- b. Expiration initiated by the Authority pursuant to Minn. Stat. § 473H.08, subd. 3;
- c. Expiration over that portion of the Land a state agency or government unit purchases or takes an easement over for public trail or public park purposes pursuant to Minn. Stat. § 473H.08, subd. 3a;
- d. Termination by executive order of the governor in the event of a public emergency pursuant to Minn. Stat. § 473H.09, subd. 1;
- e. Termination following the death of the owner, owner's spouse or other qualifying person pursuant to Minn. Stat. § 473H.09, subd. 2;
- f. Termination by majority vote of the Authority pursuant to Minn. Stat. § 473H.09, subd. 3;
- g. Annexation of the Land in conformance with Minn. Stat. § 473H.14; or
- h. Acquisition of the Land by eminent domain in conformance with Minn. Stat. § 473H.15.

5. Enforcement: This Agreement and Restrictive Covenant may be enforced by the

or the State of Minnesota, or by an interested person, by appropriate action in the courts of the State of Minnesota.

This instrument was completed by \_\_\_\_\_ on a form prepared and approved by the Minnesota Department of Agriculture, 625 N. Robert St., St. Paul, Minnesota 55155-2538.

IN WITNESS WHEREOF, the parties to this agreement have caused this instrument to be executed on the day and year first above written. *(To be signed in the presence of a notary public with exact same name as on page 1.)*

Witnessed Signature of Record Fee Owner(s):

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Witnessed Signature of Contract for Deed Vendor(s) (Sellers), if any:

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Witnessed Signature of Contract for deed Vendee(s) (Buyers) if any:

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Witnessed Signature and Title of Public Officer:

\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ County, Minnesota  
(Signature and Title or Position of Local Authority)

For Individual or Husband/Wife:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this                      day of                      , 20                      , by

(Print or type exact same name(s) with marital status or identity as on page 1.)

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Individual or Husband/Wife:

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) SS  
 County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this                      day of                      , 20                      , by

(Print or type exact same name(s) with marital status or identity as on page 1.)

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Individual or Husband/Wife:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_  
(Print or type exact same name(s) with marital status or identity as on page 1.)

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Public Officer:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_, the \_\_\_\_\_ of the \_\_\_\_\_  
(Print name) (Title) (Local Authority)

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Corporation:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, its \_\_\_\_\_ and \_\_\_\_\_  
its \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_  
Corporation, on behalf of the Corporation.

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Corporation:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, its \_\_\_\_\_ and \_\_\_\_\_  
its \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_  
Corporation, on behalf of the Corporation.

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Partnership:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, partner of \_\_\_\_\_ a partnership,  
on behalf of the partnership.

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Partnership:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, partner of \_\_\_\_\_ a partnership,  
on behalf of the partnership.

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Attorney-in-Fact:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, as attorney-in-fact on behalf of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

For Trustee or Personal Representative:

State of )  
 ) SS  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, the \_\_\_\_\_ of the \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
Commission Expires \_\_\_\_\_

APPLICATION FOR INITIATING  
PLACEMENT OF LAND INTO A  
METROPOLITAN AGRICULTURAL PRESERVE

LOCAL AUTHORITY: \_\_\_\_\_ and \_\_\_\_\_  
*(if applicable)*

1. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF RECORD FEE OWNER(S) Owner(s) is (“X” one):  
*(Use this space only if applicable. Must be same names as on page 1.)*

☐ Individual  
☐ Legal Guardian  
☐ Family Farm Corporation  
☐ Other  
☐ (Specify) \_\_\_\_\_
2. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED BUYER(S) (VENDEES)  
*(Use this space only if applicable. Must be same names as on page 1.)*
3. PRINT OR TYPE NAME(S) AND ADDRESS(ES) OF CONTRACT FOR DEED SELLER(S) (VENDORS)  
*(Use this space only if applicable. Must be same names as on page 1.)*
4. BASIS OF ELIGIBILITY OF LAND (“X” one):

☐ 40 or more acres of land.  
☐ Non-contiguous parcels of at least ten acres each; parcels farmed as a unit.  
☐ 35-acre parcel, bound by public right-of-way or perturbation in the rectangular survey system.  
☐ 20-acre parcel, subject to the conditions of Minnesota Statutes, section 473H.03, subdivision 4.
5. TOTAL ACRES: \_\_\_\_\_
6. TYPE OF PROPERTY (“X” one):

☐ Abstract  
☐ Registered (*Torrens*). If "Torrens" property, include your Owner's Duplicate Certificate of Title.

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

FOR LOCAL AUTHORITY ONLY:

7. This application has been reviewed by this Authority and is determined complete this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
The restrictive covenant and the affidavit from the Authority certifying eligibility of the land are included in this application.

\_\_\_\_\_  
\_\_\_\_\_  
of \_\_\_\_\_  
*(Signature and Title or Position of Local Authority)*

8. DATE OF PLACEMENT OF LAND INTO PRESERVE: \_\_\_\_\_  
*(Must be thirty days after the date in No. 7 above.)*

AFFIDAVIT OF "AUTHORITY"

STATE OF MINNESOTA )  
 )  
COUNTY OF ) SS  
 )  
 )

\_\_\_\_\_, being first duly sworn upon oath deposes and says as follows:

1. I am the \_\_\_\_\_ of \_\_\_\_\_,  
*(Title or Position of Local Authority)*  
State of Minnesota, which unit of government exercises the planning and zoning authority for the land described herein, and constitutes the "Authority" as that term is defined under Minn. Stat., Section 473H.02, Subd. 4.
2. This affidavit is being executed and submitted on behalf of the Authority.
3. The tract of land in the County of \_\_\_\_\_, State of Minnesota, legally described as *(must be same as on page 1)*:  
  
Parcel identification number: \_\_\_\_\_ Homestead or Non-homestead.  
*(Circle one)*  
  
Legal Description:
- is, as of \_\_\_\_\_, 20\_\_\_\_, designated as long term agricultural land and in accordance with a resolution adopted by the Authority on \_\_\_\_\_, 20\_\_\_\_, is certified and eligible for designation as an agricultural preserve as provided under the provisions of Minn. Stat., Section 473H.04.
4. This affidavit is submitted at the request of \_\_\_\_\_ (Applicant) for the purpose of making application for designation and creation of an agricultural preserve in accordance with Minn. Stat., Chapter 473H.

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

Dated \_\_\_\_\_, 20\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
*(Title or Position of Local Authority)*

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
*Signature of Notary Public*

Commission Expires \_\_\_\_\_