625 ROBERT STREET NORTH, SAINT PAUL, MN 55155-2538 WWW.MDA.STATE.MN.US

Corporate Farm, Office: 651-201-6083

Minnesota's Corporate Farm Application

Minnesota Statute § 500.24 requires that all pension or investment funds, corporations, limited partnerships, limited liability companies, and trusts must be certified by the Minnesota Department of Agriculture before engaging in farming or having an interest in agricultural land.

Corporation Application

Name of Corporation: File # (Issued by the Secretary of State) Address: City: State: Zip: Phone: Email: My land is not considered highly erodible therefore a conservation plan is not needed. Part or all of my land is considered highly erodible and I am implementing my conservation plan. If you are unsure, consult with your county soil & water department. If you have highly erodible land, you will need to submit a conservation plan proposed by the Soil & Water Conservation District for Highly Erodible Land. Return this form with your check made payable to: Minnesota Department of Agriculture Attn: Cashier 625 Robert Street North Saint Paul, MN 55155-2538 600524 (3100)	
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Minnesota Department of Agriculture Attn: Cashier 625 Robert Street North Total Due \$15.	
	00
I, hereby state that I am the (Name) For Office Use C	inly
of the entity reporting herein, and that (Title)	
the information contained herein is true and correct.	
(Signature) (Date)	

	b. Authorized Farm	e. Religious Farm	h. Commissioner		
	c. Authorized Livestock Farm	f. Public Utility	i. Non-Profit		
(Each member must fill out the attach		out the attached affidavit)			
	Check one between j \sim o if one of the following is: If so, please complete the relevant question on pa				
	j. Research Farm	l. Gifted Lanc		n. Reposse	ssed Land
	k. Breeding Stock	m. Developme	nt Organization	o. De Mini	mis
2. Num	nber of acres owned by the corp	oration. (A copy of the title to ag	icultural land MUST be atta	ached.) Please to	otal acres per county
Acres	County	Т	ownship	Section	Date Acquired
3. Num	nber of acres being leased by th	ne corporation from someone els	e. Please total acres per co	unty.	'
Acres	County	Т	ownship	Section	Date Acquired
4. Addı	ress of principal office, non-Mi	nnesota corporations only.			1
	Street	. ,	City	State	Zip

Basis of Exemption ~ Check one between a ~ i; if unsure of the basis, please see Explanation of Exemptions.

g. Grandfathered In

d. Aquatic Farm

a. Family Farm

5.	Sta	te of Incorporation				
	Na	ne of registered Minnesota agent				
	Ad	dress of registered Minnesota agent				
6.	List	all officers and directors of the corporation.				
Na	me		Title:			
Ac	Address: City: State:					
Na	Name: Title:					
Ac	dre	ss:	City:	State:	Zip:	
Na	ame		Title:			
Ac	dre	ss:	City:	State:	Zip:	
7.		all shareholders owning more than 10% of the corpo				
	ame:		Title:	_		
	dre		City:	State:	Zip:	
	ame:		Title:	S	 -	
	ldre		City:	State:	Zip:	
	ame:		Title:	Stata	7:	
AC	ldre:	ss.	City:	State:	Zip:	
8.	Rel	igious farms: Is your entire income derived from agr	riculture?		Yes	No
9.	Uti	lity corporations:				
	a.	Do you own agricultural land for purposes describe	d in MN Statute Chapter 2	16 B?	Yes	No
	b.	Are you an electric generation or transmission coop	?		Yes	No
		If yes, is the land being farmed?			Yes	No
		If yes, who operates it? Name				
		Address				
10.	No	n-profit corporations:				
	a.	Are you organized under state non-profit corporate	law or qualified for tax ex	empt status under federal law?	? Yes	No
	b. Are you using the land for a non-farming purpose?				Yes	No
		If yes, for what?				
		If no, are you farming the land?			Yes	No
		If yes, provide evidence that all profit derived from	the ag land is being used f	or educational purposes.		
If no, who is farming the land?						

The following informatin is required for all **family farm** corporations, **authorized farm** corporations and **authorized livestock** farm corporations:

44	1:-4 -11	_ _	_ _	- £ +l	corporation
11	LICT 211	cnaran	AIA Drc	Of the	CORNORATION

Name:			Resides on Farn	n?	Yes		No
Address:			Engages in Farn	n Activity?	*Yes		No
City:	State:	Zip:	Shares %:	Relationship:			
Name:			Resides on Farn	n?	Yes		No
Address:			Engages in Farn	n Activity?	*Yes		No
City:	State:	Zip:	Shares %:	Relationship:			
Name:			Resides on Farn	n?	Yes		No
Address:			Engages in Farn	n Activity?	*Yes		No
City:	State:	Zip:	Shares %:	Relationship:			
Name:			Resides on Farn	n?	Yes		No
Address:			Engages in Farn	n Activity?	*Yes		No
City:	State:	Zip:	Shares %:	Relationship:			
Name:			Resides on Farn	n?	Yes		No
Address:			Engages in Farn	n Activity?	*Yes		No
City:	State:	Zip:	Shares %:	Relationship:			
Please add a separate si	heet listing benefi	iciary information i	f there are not enough	spaces above.			
* If yes, list farming activity in detail. 12. Please list farm products, including lives	tock, produced	on the above acr	es.		_		
For authorized farm corporations and autho 13. Are there more than one class of shares 14. List the percentage of gross receipts deri	for the corpora	tion?	s:			Yes	No
a. Rent% c.	Royalties	% e.	Annuities%				
b. Dividends% d.	Interest	_%	T-1-1 C 11	L			
			Total sum of a throu	ıgn e %			

Special Basis for Exemption

Return this sheet only if you are filing for a special basis of exemption.

1.	If a	a research or experimental Farm				
	a.	Describe the research/experimental purpose for the agricultural land.				
			_			
			_			
	b.	Will there be any commercial sales from the operation?	Yes	No		
		If yes, what is the percentage of gross income?%				
	c.	With initial application, you must submit to the Minnesota Department of Agriculture a proposal of the intended method of operation, including copies of any operational contracts.				
2.	If a	breeding stock:				
	a.	Are all castrated animals being sold to farming operations permitted under Minn. Stat. § 500.24, that are neither directly, nor indirectly owned by the operating entity?	Yes	No		
	b.	You must submit a report detailing total production and sales annually to the Minnesota Department of Agriculture.	Yes	No		
3.	If a	development organization:				
	a.	Has the land been acquired for a specific non-farm purpose?	Yes	No		
		If yes, what?	_			
	b.	Is the land zoned non-agricultural?	Yes	No		
	c.	Is the land located within an incorporated area?	Yes	No		
	d.	Is the land currently being farmed?	Yes	No		
		If yes, by whom? Name	_			
		Address	_			
4.	If C	De Minimis exception:				
	a.	Do you annually receive less than \$150/acre in gross revenue from rental or ag production?	Yes	No		
	b.	How many acres do you have an interest in?				
5.	If g	rifted land:				
	a.	Was the land given to you through grant or devise?	Yes	No		
	b.	Are you an education, religious, charitable non-profit corporation, LP, LLC, or pension/investment fund?	Yes	No		
6.	lf r	epossessed land:				
	a.	Did you acquire land in the collection of debt, enforcement of a lien or claim on land?	Yes	No		
	b.	Is the land currently being farmed?	Yes	No		
		If yes, by whom? Name	_			
		Address	_			

Affidavit of Shareholder Qualifications for Authorized Livestock Farm Corporations only!

Each shareholder must submit this form with this application

Nan	Name of Corporation		
I,	I,, a member of		
here	hereby certify that as a shareholder, the following requirements that are ch	ecked and initialed are met:	
Che	Check the box and initial on the corresponding line of all that apply.		
1.	1. Shareholder is a natural person .		
2.	2. Shareholder is a family farm corporation* .		
3.	3. I/we reside in Minnesota or we are a resident Minnesota family farm	n corporation.	
4.	 I/we as an individual or a family farm corporation regularly participal our farming operation and file Schedule F as part of our annual form 		
5. I/we regularly perform day-to-day physical labor or day-to-day operations management that significantly contributes to liver production in the functioning of a livestock operation.			
	Type of livestock produced		
6.	 Shareholder is not a shareholder in other authorized farm corporation authorized farm corporation own not more than 1,500 acres of real of in this state. 	· · · · · · · · · · · · · · · · · · ·	
Sha	to qualify by reason of any devise or bequest of shares of voting stock. Shareholder By (If family farm corporation, include title)		
Ad	Address		
Cit	City State Zip	Phone	
	State of	County of	
	On this day	of 20	
	Before me the un	dersigned notary public, personal appeared	
	to be the person(s)	r proved to me through satisfactory evidence of identification, whose name(s) is/are signed on the preceding or attached owledged to me that he/she/they signed it voluntarily for its	
	Notary Public		
	My commission e	xpires	