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.

(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
covention 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.

Minnesota Department of Agriculture  AG-03384
625 North Robert Street  10/15/2019
Saint Paul, Minnesota 55155-2538
651-201-6369
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 HEREOF, 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):

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

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

Witnessed Signature and Title of Public Officer:

For Individual or Husband/Wife:

State of )
County of ) SS

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 )
County of ) SS

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

Minnesota Department of Agriculture
625 North Robert Street
Saint Paul, Minnesota 55155-2538
651-201-6369

AG-03384
10/15/2019
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

Minnesota Department of Agriculture
625 North Robert Street
Saint Paul, Minnesota 55155-2538
651-201-6369

AG-03384
10/15/2019
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 ______________________________