

**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.

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

AG-03384
10/15/2019

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:

_____ 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 _____