DEPARTMENT OF AGRICULTURE

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**

	Registration #		(For Office Use)
Name o	of Corporation:		
File # (Is	ssued by the Secretary of State)		
Address	5:		
City:	St	ate: Zip:	
Phone:	Email:		
	My land is not considered highly erodible therefore a conservation plan is no	t needed.	
	Part or all of my land is considered highly erodible and I am implementing m	y conservation plan.	
	If you are unsure, consult with your county soil & water department. If you have need to submit a conservation plan proposed by the Soil & Water Conservation		
	Return this form with your check made payable to:	Filing Fe	e
	Minnesota Department of Agriculture Attn: Cashier	Total Due \$1	15.00
	625 Robert Street North		
	Saint Paul, MN 55155-2538	600524 (310	JO)
	hereby state that I am th		
"_	(Name)	For Office Us	e Only
	of the entity reporting herein, and tha	t	
	(Title)		
the	e information contained herein is true and correct.		
	(Signature) (Date)		

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

a. Family Farm	d. Aquatic Farm	g. Grandfathered In
b. Authorized Farm	e. Religious Farm	h. Commissioner
c. Authorized Livestock Farm	f. Public Utility	i. Non-Profit
(Each member must fill o	ut the attached affidavit)	

Check one between j  $\sim$  o if one of the following is the Basis of Exemption. If so, please complete the relevant question on page 5 under Special Basis of Exemption.

j. Research Farm	l. Gifted Land	n.	Repossessed Land
k. Breeding Stock	m. Development Organization	0.	De Minimis

2. Number of acres owned by the corporation. (A copy of the title to agricultural land MUST be attached.) Please total acres per county.

County	Township	Section	Date Acquired
	County	County Township   Image: County image: Count	CountyTownshipSectionImage: County image: County

## 3. Number of acres being leased by the corporation from someone else. Please total acres per county.

Acres	County	Township	Section	Date Acquired

#### 4. Address of principal office, non-Minnesota corporations only.

Street	City	State	Zip

#### 5. State of Incorporation \_\_\_\_\_

Name of registered Minnesota agent \_\_\_\_\_\_

## 6. List all officers and directors of the corporation.

Name:	Title:		
Address:	City:	State:	Zip:
Name:	Title:		
Address:	City:	State:	Zip:
Name:	Title:		
Address:	City:	State:	Zip:

#### 7. List all shareholders owning more than 10% of the corporation's stock.

Name:	Title:		
Address:	City:	State:	Zip:
Name:	Title:		
Address:	City:	State:	Zip:
Name:	Title:		
Address:	City:	State:	Zip:

8.	Reli	gious farms: Is your entire income derived from agriculture?	Yes	No
9.	Util	ity corporations:		
	a.	Do you own agricultural land for purposes described in MN Statute Chapter 216 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.	Nor	n-profit corporations:		
	a.	Are you organized under state non-profit corporate law or qualified for tax exempt 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 for 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:

11. List all shareholders of the corporation.

Name:			Resides on Farm?	Yes	No
Address:			Engages in Farm Activity?	*Yes	No
City:	State:	Zip:	Shares %: Relationship:		
Name:			Resides on Farm?	Yes	No
Address:			Engages in Farm Activity?	*Yes	No
City:	State:	Zip:	Shares %: Relationship:		
Name:			Resides on Farm?	Yes	No
Address:			Engages in Farm Activity?	*Yes	No
City:	State:	Zip:	Shares %: Relationship:		
Name:			Resides on Farm?	Yes	No
Address:			Engages in Farm Activity?	*Yes	No
City:	State:	Zip:	Shares %: Relationship:		
Name:			Resides on Farm?	Yes	No
Address:			Engages in Farm Activity?	*Yes	No
City:	State:	Zip:	Shares %: Relationship:		
Please add a separate si	neet listing benefi	ciary information <b>if</b> th	nere are not enough spaces above.		

\* If yes, list **farming** activity in detail.

12. Please list farm products, including livestock, produced on the above acres.

## For authorized farm corporations and authorized livestock farm corporations:

13. Are there more than one class of shares for the corporation?

14. List the percentage of gross receipts derived from the following sources:

a. Rent%	c. Royalties%	e. Annuities%
b. Dividends%	d. Interest%	Total sum of a through e %

Yes

No

# **Special Basis for Exemption**

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

## 1. If 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.	lf a	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.	lf a	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.	lf g	;ifted 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

Nam	ne of Corporation
I,	, a member of
here	eby certify that as a shareholder, the following requirements that are checked and initialed are met:
Che	ck the box and initial on the corresponding line of all that apply.
1.	Shareholder is a <b>natural person</b> .
2.	Shareholder is a <b>family farm corporation</b> *.
3.	I/we reside in Minnesota or we are a resident Minnesota family farm corporation.
4.	I/we as an individual or a <b>family farm corporation</b> regularly participate in physical labor or operation management of our farming operation and file Schedule F as part of our annual form 1040 filing with the United States Internal Revenue Service.
5.	I/we regularly perform day-to-day physical labor or day-to-day operations management that significantly contributes to livestock production in the functioning of a livestock operation.
	Type of livestock produced
6.	Shareholder is not a shareholder in other authorized farm corporations that directly or indirectly in combination with the authorized farm corporation own not more than 1,500 acres of real estate used for farming or capable of being used for farming in this state.
the i othe activ	Tamily farm corporation" means a corporation founded for the purposes of farming and the ownership of agricultural land in which majority of the voting stock is held by and the majority of the stockholders are persons or the spouses of persons related to each er within the third degree of kindred according to the rules of the civil law, and at least one of the related persons is residing on or vely operating the farm, and none of whose stockholders are corporations, provided that a family farm corporation does not cease ualify by reason of any devise or bequest of shares of voting stock.
Sha	areholder
Ву	(If family farm corporation, include title)
Ad	dress
Cit	y State Zip Phone
	State of County of
	On this day of 20

Before me the undersigned notary public, personal appeared

Personally known or proved to me through satisfactory evidence of identification, to be the person(s) whose name(s) is/are signed on the preceding or attached document and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_